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ORIGINAL ARTICLES.

THE MIND CURE; OR THE MENTAL METHOD OF HEALING.

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"Nought so vile that on the earth doth live,
But to the earth some special good doth give:
Nor aught so good, but, strained from that fair use,
Revolts from true birth, stumbling on abuse:
Virtue itself turns vice, being misapplied:
And vice sometime 's by action dignified."
—*Romeo and Juliet, Act II., Sc. 3.*

"I believe it will be found that nothing is more difficult than to beat into the majority of minds the belief that there is such a thing as a 'law of Nature' at all. So far as I can judge, nine women out of ten have never adequately realized what a law of Nature means, nor is the proportion much smaller for men, unless they have been well drilled in some department of physics."—R. H. HUTTON'S Essay "The Metaphysical Society," in *The Popular Science Monthly* for Oct., 1885.

EVOLUTION does not necessarily mean progression, it may mean retrogression. It may mean degeneration from a high type to a low one. An ascetic may be evolved from a voluptuary, and a voluptuary may be evolved from an ascetic, or "a happy medium," a well balanced nature, may grow from either extreme. Evolution simply means a departure from some given type. From the pine-knot torch to the incandescent burner is a long step, and from the prime of the proud Flavian Amphitheatre to the dilapidated Colosseum of to-day is many centuries: but they are both products of evolution.

In the past five decades mental evolution has been more active, perhaps, than in any corresponding period of known history, and fortunately for mankind these rapid changes have, taken in the aggregate, resulted in wonderful progression. The thoughtless reaper of the benefits of this rich harvest is unappreciative of his advantages: it is only those familiar with the detailed history of such great advancements who are qualified to fully appreciate the import of the great, triumphant march of mind. It is only those who know the strength of the forces opposing progress who can understand the significance of a newly established fact. The triumphant march of mind means the solving of problems, the explanation of phenomena, the discovery and practical application of principles and of laws—in fine, it means the general diffusion of truth. But the promulgation of demonstrated facts, as easy as it sounds and as easy as it should be, is a difficult task; for science has foes. The very men who preach wisdom and who profess to be teachers of God's truths, and who should be the most eager to seek truth and test it for its own sake, are they who are oftentimes blindest to the plainest truths, and shrink like cowards from facts. They speak of science as a thing apart from religion, as inimical to God's teachings: and the students of science they characterize as infidels, faithless and sceptics. They know not (nor will they be convinced) that religion is based upon science, and that the real votary of science is the most reverential and practical of God's worshippers, with a sublime and limitless faith in the Great First Cause. Orthodoxy doubts facts; science doubts superstition. There is no greater enemy to the acceptance of the discoveries in science than the superstitions that are inextricably wound among the tenets of religious beliefs. Touch a man's religious superstitions, and he becomes impregnable to science. History shows that mental progress is due to the rejection of the dogmas of theology and the acceptance of the facts of science. The facts of science are, therefore, the essential elements of progress, while theological dogmatism must be counted the chief force opposing progress. At this juncture it becomes proper to show to which class of evolutionary factors the subject of our text belongs.

The mental method of healing, or, as it is commonly known, the mind cure, is a so-called system of therapeutics which has in its present form sprung into existence only in the past decade. For centuries past the same thing has appeared under various guises in various parts of the world, viz.: among certain African tribes, as Voudooism; the "royal gift of healing" in England and in France; the charms and talismans of the Gnostics; the witchcraft beliefs; the Chinese custom of frightening away demons of sickness by terrific noises; the incantations of the North American Indian "medicine men": and, lastly, the "Faith Healers."

The disciples of these systems and beliefs all teach substantially the same fundamental idea, *i.e.*, that they believe certain individuals have the ability to induce some intangible power to pro-

duce certain effects upon human beings, in some manner beyond human understanding.*

It matters not whether the acting power be good or bad, or whether the effect produced be good or bad, the idea of the finite using the infinite, the material using the immaterial, to further his own ends, is the basis of all these systems. Neither does it matter what be the special form of words, or the special act performed, to make the various theories working realities, since they have a basis in common to establish their close relationship.

Although there are certain points which distinguish the mental method from the other theories mentioned, yet the differences are not greater than those by which other theories may be differentiated, respectively, one from the other. The resemblance, as already mentioned, is in its fundamental idea, its very vitality, and consequently the mental method must be classed with the other superstitions, all of which are merely one idea interpreted by a variety of minds; the system is, therefore, a very old thing introduced in a new form, with certain superficial characteristics given it by those who have rechristened it the mental method of healing.

The teachers of the mental method say, man is a two-fold being, having a soul and a body; the soul is the man, the reality, the I, the part that rules and governs—or that should rule—it is the God-like part of the two-fold being, in which arises all the best and purest aspirations, the nobility of our nature; it is the reflection of Divinity, and as Divinity is not subject to physical maladies, diseases of any kind, the soul is not subject to disease. The body is the appendage of the soul, that secondary part which may become diseased; it is the destructible part, from which our baser impulses, our lower nature springs. Now, say these philosophers, there is no need of sickness if you will allow the soul to govern the body. As the soul and body react, respectively, one upon the other, the body may impress the soul, or, as they say, the "personality" may impress the "identity" with its infirmities, or *vice versa*, the "identity" may impress the "personality" with its perpetually wholesome condition. If the "personality," or body, succeed in convincing man that he is diseased, he will suffer as though he really were sick, *i.e.*, as though his soul or identity were sick; but as the soul is not subject to disease, and as the soul is the man, man cannot possibly become sick; it therefore only needs the recognition of this idea, and an effort of the will to reverse the reflection, *i.e.*, to obliterate the impression the diseased "personality" has made upon the sound "identity," by impressing upon the diseased "personality" the image of this healthy "identity." This theory, by its very extreme contrast, reminds me of the theory of Joseph Hands, M. R. C. S., which I will here quote, as showing how widely human minds differ on this subject:

*"It is contrary to prevailing opinion to assert that spirit sleeps; but it must be conceded that if spirit is *something*, is matter, is substance, it is consequently subject to those laws which govern material bodies. And if the spirit is not a substance it is not analogous to those essences and elements which compose the body. Why are we sometimes mentally fatigued and exhausted? Why are we inclined to sleep? Why does the mind so frequently exercise a momentum from which it cannot readily recover? Long and intense thought will communicate to the spirit an energy in the direction of that thought. Sometimes it is impossible to sleep for protracted hours, after having vigorously applied the mind to study, or subsequently to some particular kind of mental excitement. In view of these facts, we ask: If the spirit is not substance, then how is it possible that matter can communicate to it a momentum, over which, for a period of more or less duration, the strongest *desire* can exercise no appreciable control? The spirit or the mind demands rest as a recompense for action, and on the other side, spirit bestows life and activity as a compensation for rest. It is not the lungs, muscles, nerves, or the brain that becomes weary and exhausted by exercise and wakefulness; but it is the corresponding portions or capabilities of the spiritual principle which actuate these physical structures that are tired and ask for rest. It is only the animating element that feels and tells us what to do. The artisan who has labored fourteen hours of the day is fatigued in various parts of his body; he desires food, rest and sleep; but it is not these particular portions of the body which demand to be thus refreshed—it is the spiritual principle by which the body is moved and governed. Hence the philosophy of sleep is simple and easy to comprehend; for inasmuch as *it is the spirit* and *not* the body which experiences exhaustion and requires sleep, it legitimately follows that sleep is only a mode by which the fatigued soul *partially*

*I was at a meeting where a number of believers in the Mental Method were present, a short time since, when a noted "healer" said there were some persons whom—as she expressed it—she "could not reach," while other "healers" would be able to "reach" them without difficulty. She thus tacitly acknowledged a special aptitude of some people to cure a larger proportion of patients than others.

*"Homœopathy and Other Modern Systems Contrasted with Allopathy," pp. 353-4. (Not considered authority on homœopathy.)

withdraws itself from the physical structure and *gathers inwardly* for the purpose of self-recuperation."

According to the above—if we follow the theory to its logical conclusion—the soul may become diseased, for there is but a step from fatigue, exhaustion, to disease, and ultimately to death; death of the body, then, becomes simply the demonstration of the death of the soul. There are other defects in Hands' theory, but they do not here concern us. The point sought to be emphasized is, the danger of basing any belief we consider essential, upon theories concerning intangibilities, things of which we cannot postulate something definite.

But to return to the mental method.

The theory of the relation of the soul and body, or the "identity," and the "personality," is sometimes explained to the patient, but not always; the idea that is impressed upon him is, that the "healer" *does something* in his presence, concerning the import of which the patient can only make conjecture. The formula which the "healer" uses is substantially an invocation to the Deity, a prayer that the subject be made whole, *i.e.*, that he be made able, through the power of God, to lose the impression of disease made by his "personality" upon his "identity," that power be given him, by which the old habit of thinking of himself as diseased be broken, and the man *believe* himself whole and *be* whole. The particular form of words is, of course, secret, and constitutes the practical part of the method.

A "healer," to be successful, requires much tact, and, probably, approaches no two individuals in precisely the same manner. The better the student of human nature, the greater will be the success of the "healer." The educated patient will sometimes be told the theory, but the more ignorant receive simply the treatment.

As the formula is a secret, one of two things is presumable in the case of the latter class of patients, either that the secret sentences have some virtue superior to ordinary devout prayers, or that they are kept secret for the sake of gain. Although the "healers" claim that it is necessary for the patient to have a certain amount of faith that he may be cured, and claim that they are simply instruments to open the patient's soul to the Divine influence, (herein is a resemblance to Swedenborg's "influx of light"), yet they exhibit practical evidence that they believe themselves possessed of the ability to "act upon" patients, *by the advice to have certain cases treated while asleep.* The "healers" thus put themselves into the position of either transmitting an influence from God through themselves to the sleeper, or acting directly upon the sleeper, without Divine influence. In either case, the "healer" becomes an active factor in the process, and places his method upon a par with the other systems with which we have classed it, *as an objective system.* This clearly puts the method beyond mere subjectivity, and makes the patient dependent for his improvement or cure upon the will of the "healer."

The late Dr. George M. Beard, in his experiments upon living human beings, proved some very wonderful things to be the result of credulous expectancy. Probably no living man has dived so deeply into the various phases of subjectivity. He has enforced the fact that the bulk of apparently extraneous influences affect us only in proportion to our impressibility; that "mesmerism" is not due to objective influence, but entirely to subjectivity; in fine, he has taught us, and fully demonstrated his teachings, that all intangibilities —in which are included all kinds of immaterial influences—produce an effect upon us only as we credit their power, their ability to act. Consequently, it is exceedingly improbable that one man's will can influence another's in the slightest degree, unless the subject—either consciously or unconsciously—believe in the influence. Of course, no one doubts the positive effects of material influences; but *demonstrable* effects of tangibilities are different from the *supposable* effects of intangibilities. And even were it possible that one mind could produce some positive effect upon another, it would be extremely difficult, if not impossible, to differentiate between whether it be really a positive, objective influence, or whether it be an influence due to the credulity of the subject. In the *Popular Science Monthly* for Feb., 1877, Dr. Beard says: "The general claim of mind or thought reading is disproved, not by any such experiments as are here detailed, no matter how accurate or how numerous they may be, but by reasoning deductively from the broad principles of physiology, that no human being has or can have any qualities different in kind from those that belong to the race in general. The advantage which one human being has over another—not excepting the greatest genuises and the greatest monsters —is, and must be, of degree only. Mind-reading, in the usual meaning of the term, is a faculty that in any degree does not belong—indeed, it is never claimed that it belongs—to the human race; it cannot therefore belong to any individual. For one person to read the thoughts of another would be as much a violation or apparent violation, of the laws of Nature as the demonstration of perpetual motion, the turning of iron into gold, or the rising of the sun in the west."

If, therefore, it be impossible for one man to read the thoughts of another, then it is just as impossible for one man to influence the actions of another, unless the other allow the control.

That the disciples of the mental method do not *claim* to influence minds, does not affect the point of the argument: they *act* the belief, as has been shown, and though they do not *claim* to transmit through themselves an influence, yet they *act* such a belief, and this influence, if it act at all, must become subservient to their will, for when a cure is effected the desire of the "healer" for such a result has preceded its consummation. This identity of human will and the practically assumed transmitted will of God, is further illustrated by the admission of the "healers" that although they are merely instruments in the hands of Omnipotence, yet the Divine influence *may*, by illy-disposed persons, be used for evil purposes. This peculiar logic of the mental method teachers is calculated to shake one's faith in the Divine influence idea: the argument is an absurdity.

Were the assumed influence really objective, we would be in much danger of drifting into Voudooism or some other of the equally degrading of the mentioned superstitions, and the man with the "evil eye" would indeed be a most potently dangerous enemy. The only safety in such a state of society would lie in the fact that, as I have quoted from Dr. Beard, "No human being has or can have any qualities different in *kind* from those that belong to the race in general," the difference is merely in degree, and therefore the possibility of many men possessing this objective strength of will power would result in one will counteracting the influence of another will. Allow our imagination the wide range necessary, and we readily perceive that such a state of affairs—though it might possibly illustrate Emerson's "benign" law of compensation—would result in a doubtful state of public morality. Instead of peace and prosperity, we would anticipate a state of disorder comparable to the days of the French Revolution, or possibly even the early troglodite period, from which man could only be rescued by the sternest of all discipline, self-abnegation, the severity of which under the then existing circumstances might prove beyond the virtues of such rank objectivity, and the human race would probably be *willed* into extinction.

Cocaine for Sea-Sickness.—In the *N. Y. Med. Jour.*, Nov. 7, 1885, Dr. S. Lilienthal says that he made this year two voyages across the Atlantic, crossed the channel three times, and found cocaine the remedy *par excellence*; but it must be given in repeated doses of a 1-to-500 or a 1-to-1,000 solution. He found the 1-to-500 solution in delicate persons too strong, failure following, whereas the latter acted well.

PHYSIOLOGICAL CENTRIPETALITY.

BY E. P. BANNING, SR., M.D., NEW YORK.

THIRD ARTICLE.

THE elucidations of my last paper bring me in order, to consider the influence of muscular laxity and a consequent depression of the lineal viscera upon the pelvic functions.

We have seen that all the viscera are normally so thoroughly elevated away from the pelvic organs that their ligaments and other supporting tissues have to contend only against the mere nominal weight of the pelvic contents. But in Fig. 2 we see the pelvic floor changed from an ob-

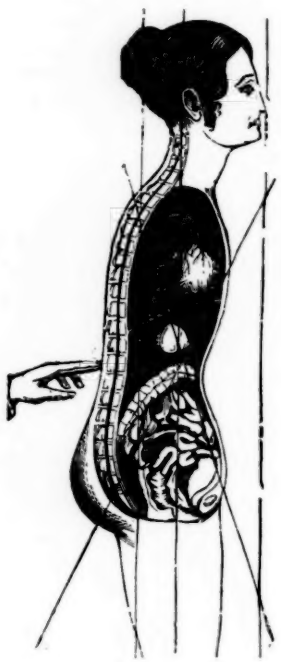


FIGURE 2.

Side view of the erect position, showing the upward and bracing out bearing of the Viscera.

lique to a horizontal plane, so that the abdominal viscera press in force in a vertical line upon the rectum, uterus and bladder. And first, of

THE EFFECT ON THE RECTUM.

In the normal state there is no actual compression of the rectum, and the hemorrhoidal circulation is free of any impediment; but in the premises, not so at all, for in proportion to the descent, a portion of the consequent visceral pressure impinges against the rectum, which must diminish the rectal calibre to a greater or lesser extent, and thereby obstruct a free descent of the forces, and

thus induce constipation in a purely mechanical way; also the intestines gradually refuse to supply the requisite extra effort to overcome the obstruction; this, joined with the torpor of the stomach and small intestines so generally concomitant to muscular laxity and deficient upward support, the most obstinate constipation resisting all internal treatment may be induced.

This deduction I have verified in a long practice, but will instance but two or three cases. One of them was brought me by the late Prof. John Delamater, of Cleveland. She had long been under his distinguished hand and was inveterately constipated. Her skin was covered with abundant moth patches, and she was oppressed with continual headache and stupor. As everything had been done which distinguished ability could suggest, I diagnosed the case to be one of muscular atony and consequent visceral inactivity; and as there was no hope in anything else, I applied an effective brace, which thoroughly elevated the viscera from the pelvic organs and restored that normal upward compaction which is such a source of the organic activities in these organs. (See my first paper.) This case was so forlorn that I hardly looked for the desideratum, but the result was a speedy cure. In the more ordinary cases this same treatment, in connection with gentle, medicinal adjuncts, is about uniformly efficient. Another case, in the person of a professor in a New Hampshire institution, was so obstinate that a "dry," "barky" and odorless substance once in two, three or even four weeks, constituted his alvine evacuations; this was attended with habitual dizziness and an unbalanced mental condition, and yet, within ten days after the application of support, he reported the re-establishment of the alvine function and a vast improvement in the cerebral condition.

Next: this same visceral descent is liable to compress the hemorrhoidal veins also, and to correspondingly impede the hemorrhoidal circulation, and to thereby induce rectal enlargement and ultimately venous coagulation and organized tumors. This explains why such cases are so usually attended by aggravating, wearing and aching pains in the lumbar and sacral regions, by pressure of enlarged rectal veins upon the sacral nerves; also why constipation so usually precedes and accompanies piles, inasmuch as identical and simultaneous causes reciprocally induce and aggravate both, and why aperients, cathartics and ointments usually fail to cure these states, as they act only upon an effect without touching the cause, which consists in an obstructed circulation which can only be rationally removed by elevating the obstructive pressure from the veins. This also shows clearly that to attempt the radical removal of organized tumors by the sloughing process or by extirpation, even at best is but a temporary thing (as history has shown), leaving the same primary pressure to reproduce the same effect as before.

But I am asked how compression of rectal veins can induce organized tumors, and how the removal of such pressure can dissipate them? I answer, 1st, that the vital organizing force is in the fibrin of the blood, which is in the constant effort at organization, and hence why coagulation (which is an actual initiative of an organizing process) so soon takes place in case of a sluggish or stagnant circulation, and why, in such case, the free circulation must be re-established, or a new organization be commenced, or the blood pass into disorganization. Hence, then, if this coagulation continue, the vital force of the fibrin will and must proceed to throw out new vessels and the new organization be completed; and 2d, that in the ordinary case of constipation there is hardly a base for the question, for common sense tells us that the instant the obstruction is removed both the producing and perpetuating forces of the stagnation are dissipated and the inherent elasticity of the venous coats will assert itself and progress to a complete resolution, for this effort is aided by the perpetual influx of venous blood from below; and next: such is the potency of that mystical and unappreciable principle called the *vis medicatrix naturæ*, and so much is organic nature like unto a spiral coil, and so wonderful is the mere organic susceptibilities (or the insensible sensibilities of Xavier Bichat), even in an advanced state of disorganization, that as soon as the demoralizing causatives are removed, every tissue concerned is conscious of it, and instinctively asserts its reparative proclivities, and vessel after vessel is relieved; and so, by nature, art and gentle remedies, the work is effected. This might seem too fine-spun reasoning, but for a host of *facts* which set aside *a priori* reasoning on the question. Merely as representative of many, I allude to another case from Prof. Delamater. This patient's sufferings made her a pitiable object; she experienced the utmost distress and difficulty in her seldom evacuations, while the anus and entire rectum were heavily engorged and the hyperæsthesia was intense. As everything had been done which ability could suggest, I had nothing left me to do but to put my ideas to the test, in this forlorn hope, and so decided was the result, in every respect, that I was ordered on from Cleveland to Milan to administer to several simi-

lar cases. In this case every vestige of constipation and rectal engorgement disappeared, and the patient is alive and well of these troubles (now more than twenty-five years since).

Another case, from Prof. Flint, of Louisville, Ky., is in point. The patient was aged and fleshy. He said he had cut her twice and a third cutting was required, but he could not bring her to the point, and wished to try my plans, and in about six weeks after my application, the doctor came and threw a generous fee upon the table and remarked, "There, that's cost me five hundred dollars; your appliance has cured the patient, in a pleasant way, and I am glad, but I've lost a five hundred dollar operation."

A third case in the person of a state official in Columbus, Ohio, is specially full of instruction and suggestions. He said, "So great is the demoralization in my rectum and anus that I've to spend from one to two hours in the closet, and the painfulness of the evacuation seems like 'pushing a hard substance through a series of boils or over a raw surface,' after which I have to lie down from exhaustion.' I applied a support to this case (with no high degree of confidence). In two or three days he reported that that morning he retired to the closet with his morning papers, expecting his old-time, long and painful siege, and commenced reading and to wait for the labor pains to begin, but feeling nothing but some slight expulsive motion could spare no more time and dressed himself, but on looking into the trap, discovered an enormous evacuation deposited, which had passed without attracting his attention."

This statement may seem to be incredible, but a slight glance at the anatomical facts will dissipate the seeming unreasonableness. For instance, the course of the rectum is straight from the sigmoid flexure, and in defecation if the subject sits vigorously erect, all the expulsive force of the abdominal muscles combine with the natural peristaltic action, to act *vertically* and *directly* upon the fœcal substance, and not at all upon the rectal coats, consequently the fæces move without any waste of power, or frictions on the mucous coats and the substance moves at once, under a very slight force, and if there is some morbid condition the passage would cause comparatively slight trouble, the expulsion being effected according to the law of the projective forces. But not so in this last case. The victim takes a low seat, with a large fenestrum; his body is crouched down upon itself at an angle with the rectum, and of consequence the compressive action is *transverse* to the rectum and not *direct* upon the forces; consequently, much greater force is required to move the mass, and the latter will be forced to impinge upon and bruise the engorged and sore tissues, and to force the hemorrhoidal blood downward before it. Thus we see why the large discharge passed almost unconsciously through the sore channel in this last case. But, note that all this change was accomplished by the support which simply restored the normal physical status by elevating weight from the rectum and veins, restoring the upward compaction and erecting the body so as to induce a physiological application of the provided expulsive forces directly along and not across the rectal canal. I now close on this point by saying sincerely and earnestly that if this support was habitually used by ordinary constipates, hemorrhoids would never occur, and also, that if used as an adjunct in mild or even forlorn cases of hemorrhoids, no *hurt* ever could come of it and much relief in most cases would accrue, at a great saving of pain, time and professional reputation, and that any medical man may rely on me to supply the mechanical desideratum in the case.

EFFECT ON THE BLADDER.

In Fig. 2, showing the depressed viscera, the pressure is so vertical and direct upon the bladder, in contrast with Fig. 1, that many times more weight is brought to bear upon that organ than in Fig. 1. Let us see what is likely to result from such a condition.

First, The bladder is flattened and its retaining capacity diminished, from which there must ensue an increased demand for an evacuation from a purely physical cause, simulating paralysis of the bladder, or inordinate activity of the kidneys. Next, when we remember the great irritability of the bladder, it is plain that the abnormal pressure and friction of the sunken mobile organs on the bladder is likely to induce, first, an irritation, and second, an inflamed condition of that organ, producing tenderness to the touch, with stinging and painful micturition, which simulates primary inflammation, paralysis, gravel and stone in the bladder, which have many times been treated for years by all the known remedies for functional derangement, with transient success. These symptoms often confine the victim to the house, so annoying is the frequent call, when all the while the perpetuating agent is pressure and friction on the bladder, calling only for removal of pressure from that organ, In confirmation of the truth of this pathology, and to show to them that to elevate bowel weight is nearly, if not entirely, all that is called for, I select two cases of well known ladies of high standing Brooklyn. One of them was brought to me by Prof. Isaacs, of Long

Island College, in Brooklyn, and one from Dr. Landon, of the same city. One of these ladies was lean and emaciated, and the other, obese, and both had visited Europe for help. Their symptoms were about identical, and consisted mainly of great tenderness over the region of the bladder, with aggravating frequency of urination, attended by stinging, burning and excruciating sensations. They had been sounded for stone, and their urine analyzed, but all afforded no light and patients returned with some improvement of general health. These medical gentlemen came with the cases and stated their total discouragement. The support was applied, readjusted until its action was complete, and in both cases the necessity for their continued use ceased in a few months. The fact that one of these ladies made her appearance in the Washington M. E. Church after seven years of inability to do so, gave a notoriety to this treatment which was quite gratifying.

THE URETERS AND KIDNEYS.

The ureters and kidneys also come in for a decided share in the effects of this abnormal descent. The normal conditions of the ureters and kidneys is one of perfect passivity, with no traction whatever on them. But in the premises, the depression of the bladder straightens out the meanderings of the ureters and places some degree of traction upon them. This must also extend to the connection of the ureters and kidneys, and exerts an irritating strain upon them. The natural effect of this will be to excite dull, aching and crampy pains along the course of the ureters, and heavy, grinding and wearing pains in the inguinal region, showing why those so affected usually find ease from the recumbent position and by supporting the back and abdomen with the hands; these symptoms are often misdiagnosed and consequently unsuccessfully treated. Last but not least, is the effect of this visceral depression on a scirrhus or irritable prostate gland. In speaking of this effect, I do not pretend that the descent is likely to create a scirrhus or severe irritation, where none previously existed, but that where a morbid condition already existed, a permanent undue pressure and frequent jolting upon the organ would strongly tend to aggravate and perpetuate the disease, is too obvious to bear an argument; also, that in all such cases to protect the sensitive organ is indicated by common sense and demanded by professional rationality, whatever else may be called for.

My attention was first called to this idea by an old gentleman from New Hampshire who visited Saratoga annually for use of the waters which he said made his "water less irritating" to his sensitive prostate; purely as a mitigation, I applied the support, which he pronounced to be a great comfort and that he urinated more seldom and with less pain, and that standing or walking affected him less. I met this man for five successive summers at the Springs, and he always sought me to tell that he could not express his valuation of his support.

CLINIQUE.

A CASE OF PROCIDENTIA UTERI, WITH SUPRA-VAGINAL HYPERTROPHY; MODIFIED BAKER-SIMS' OPERATION—RECOVERY.

By F. A. Rockwith, M.D., E. Saginaw, Mich.

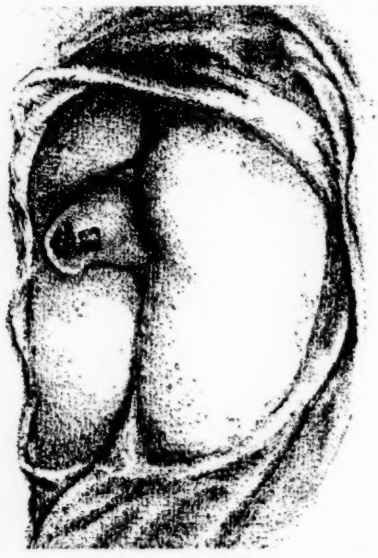
On February 10th, 1885, there came to my office Mrs. F. L. O. B., a farmer's wife, æt. 52, of Scottish birth, and mother of three children, the youngest being 24 years of age. The general appearance of the woman was cachectic, her constitution hereditarily predisposed to *cancer* on the mother's side, and to *polysarcia* (her own condition in youth) on the father's side.*

The object of her consultation with me was a complete *procidentia uteri* of twenty-four years' standing.

The direct physical examination revealed, as just stated, a complete "falling down" of the womb and its appendages, together with longitudinal hypertrophy of the *cervix uteri*, projecting easily five or more inches beyond the pudenda. The cavity and cervical canal measured from fundus to external orifice a fraction less than eight inches. Upon the anterior aspect of the procidentia, a tumefied enlargement contained the bladder and a hard nodular tumor, readily diagnosed as a prolapsed ovary. Digital examina-

*It may be permitted to interpolate here the observation that in families with *polysarcia* constitutions, there will often be noticed the two extreme phases among the different members, those of *polysarcia* on the one hand and of *dysarcia* on the other. Of course, I have reference here only to the adipose variety. It will also be observed that some of the polysarcous cases were in early youth extremely dyssarcous, but that those originally polysarcous, when losing their fat or flesh, do so only temporarily, except in cases where cancer has usurped the vital control, when, of course, emaciation will be the inevitable condition. Persistent *dysarcia* in cases previously of the polysarcous form, may, according to my experience, be generally considered as symptomatic of a *cancer-dyscrasia*, even though no actual objective evidence may at the time supervene. Among the members of this family, the father was immensely polysarcous (in the double meaning of the word). The mother extremely the opposite. Of the five children of their issue, two are dyssarcous (with strong evidence of cancer), the rest, including our subject, who also was polysarcous; but, both our subject and her younger polysarcous sister, who, having four children, have suffered from gynæcological lesions sustained during childbirth. Statistics of the relation of *polysarcia* to lacerations of the *perineum* and *cervix uteri* may prove highly important, and lead to a better understanding of the causations of those conditions. Among the grandchildren of this family group, only those of one of the three polysarcous parents are of the same constitution.

tion *per rectum* disclosed also the other *ovary*, still larger and resting in Douglas's space. Both of these ovarian *herniæ* could be easily dislodged upward into the abdominal space, and



PROCIDENTIA UTERI.

when temporarily replacing the *procidentia* the ovaries seemed then apparently untraceable. No plaques of mucous abrasions existed upon the exposed surfaces of the cervix; the *os tincæ* had sustained a large laceration during one of her parturitions, around the cicatrix of which, but without involving its cacomorphic tissue, there existed a dry, brownish, partly disintegrated, readily bleeding, granular proliferation, having all the superficial appearance of an epitheliomatous degeneration. The anterior lip of the *os tincæ* was indurated and nodulose as far as the proliferations extended. The cervical canal presented hardened longitudinal *rugæ*, with deep easily bleeding fissures between them. Yet, there was a total absence of odor, so characteristic of epithelioma and other cancerous forms. The surfaces were dry and no ichorous discharges had ever been observed. Scrapings of these granular deposits appeared under the microscope as clusters of irregularly shaped pavement epithelia, around a caseous, finely granular *nucleus*, with here and there conglomerations of dried-up, star-shaped blood disks. This, of course, left no margin for a cancer diagnosis. My own inexperience in microscopic technology leaving me, in view of other subjective and objective evidences, as well as the evident heredity in doubt of a positive non-existence of a cancerous diathesis in the case, the uncertainty of this diagnosis was furthermore augmented by my lack of knowledge as to whether epithelioma had ever been observed in other cases of hypertrophied structures.*

The vagina presented as might be expected an extensive perineal cicatrix due to one or several lacerations during childbirth.

The subjective symptoms in this case were almost entirely psychical, but not so decidedly marked as to be noticeable to the ordinary observer. In fact, I myself did not understand them as such until some time after the operation, which occurred May 14th, 1885.

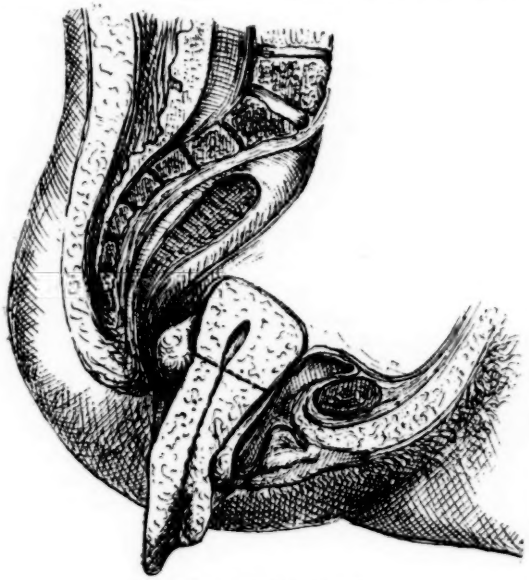
Operation: All the usual preliminary measures both before and during the operation were *duly* observed. The patient being under chloroform, and having pushed both the prolapsed ovaries out of sight, I made a circular incision at the *portio vaginalis* (observing four motions: 1st, one anterior; 2d, one posterior; and finally the laterals) and after dissecting away the old cystic adhesions involved in the descent, and denuding as much of the posterior tissues as was found necessary, I drew the uterus still lower down and applied the chain of a screw ecraseur (large) and thus amputated what proved to be above the *os internum* and hence through the lower portion of the corporeal part of the uterus. I next transfixed the stump by two lateral guy-threads. I now trimmed away the ragged edges, unavoidably made by the ecraseur, and having washed the cut surfaces with hot water and a $\frac{1}{10}$ per cent. solution of zinc chloride, and satisfied of there being positively no oozing of blood anywhere, I proceeded to sew the vaginal edges of the cut to the inner margin of the uterine cavity; or rather, by passing the needles from within that cavity to the vaginal edges, succeeded in covering the stump most admirably. I used for this end four fine silver and four medium silk sutures, placed alternately.

Next in order I tamponed the vagina with absorbent cotton, previously rung out in calendula-glycerine, and returned my patient to bed. The post-operative proceedings presented nothing noteworthy. I attended to the bladder every six hours, up to the 15th day, and left the bowels to take care of themselves; that is, I assisted them with warm water injections, and thus liquefied the stools. I gave good nourishment from the start, avoided opiates and quinine and rode no hobbies with aconite or arsenic.

* I am bold enough to assert an analogy between these conditions in their present totality and *elephantiasis*. We have here an innate macroplastic tendency; on the one hand we have the hereditary *polysarcia*—on the other a local hypertrophy tending toward *pachydermia*. We have here furthermore the singling out of the genital sphere, the most favorite sphere for *elephantiasis*. It might pay some microscopic expert to take up this thread and spin it out further.

As antiseptics I depended upon the permanganate, chloride of zinc and boric acid. To promote resolution I used a calendula glycerate. With these I have been perfectly satisfied in most of my pelvic operations. The carbolates I have learned to distrust!

I removed the silk sutures on the sixth day, and the silver on the fourteenth. On the eighteenth day the patient walked out, and on the thirtieth day returned to her home.



HYPOTHETICAL SECTION.

Result: On the eighteenth day, the vagina at its distal end presented a conoidal terminus, with the uterine orifice admitting a large-sized olive dilator.

On the thirtieth day the same condition existed. A month later the patient returned with a complete inversion of the uterine cavity, and prolapsus vaginæ; due to too early removal of tampon and hard work. Ordered boro-tannate of glycerine with tampon. Three days later, "*status ante*" re-established.

A month later complete and solid cicatrization of the cut edges, and *orificium uteri* reduced to No. 40 catheter size. Patient ordered to continue tampon until a restorative elytro-perinæorrhaphy operation shall make its further use unnecessary. At the sixth month after the operation the patient called again, showing the most satisfactory results and making arrangements for the second operation above spoken of.

But *mirabile dictu*—the woman has become a monstrous polysarc.

P. S.—I was assisted by one lady surgeon—and a most excellent nurse. Lady surgeon prefers not to have her name recorded.

INTRA-UTERINE INJECTIONS IN PUERPERAL SEPTICÆMIA.

By Geo. E. Tytler, B.S., M.D., New York.

THE broader term, puerperal fever, is purposely avoided, as under it, authors describe different conditions and post-mortem examinations reveal varying lesions—in one case perhaps a metritis, another peritonitis, a third erysipelatous inflammation, etc., etc.

Milne mentions the following list of diseases embraced by various writers in describing puerperal fever.

1. Uterine inflammation of erysipelatous character; 2. Erysipelatous peritonitis; 3. Peritonitis; 4. Specific fever; 5. Disorder of a putrid character; 6. Abdominal inflammation; 7. Omental inflammation.

Dr. Hicks, in a paper read before the London Obstetrical Society, classifies puerperal fever from an etiological standpoint in a resume of 89 cases: Scarlatina caused 37; Erysipelas 6; Diphtheria 7; Typhus or typhoid 2; Decomposition of uterine contents 9; Emanations from sloughy wound 1; Puerperal fever 1; Mania (?) 4; Pyæmia from sore nipples 1; Cause uncertain 21.

In most of the cases to be reported, I had rather favored the view that the cause was a changed condition of the uterine discharges—truly septicæmic—a poisoning of the system by the absorption of the products of decomposition or fermentation.

Lying-in patients may occasionally show within a few days after delivery or even as late as eight or ten days, a rise of temperature gradually increasing to 103 and later 105, a quick weak pulse, profuse perspiration, absence of pains of abdominal inflammation, with the lochia offensive.

In attributing such condition to altered uterine discharges we may be met with the assertion that decomposition cannot take place without the presence of atmosphere and this cannot well be in the uterine cavity. In answer, is it not possible, especially where manipulation may be necessary, that a small amount of air may cling to the hand and thus gain access—or atmospheric germs thus conveyed set up fermentative changes? Before using the intra-uterine injections I had one case of post-partum pyæmia—where phlegmasia alba dolens was followed by abscesses of the lower extremities and of the elbows of the upper. The patient recovered but was left with anchylosis of one elbow. In the only fatal case of puerperal fever that it has been our misfortune to meet, intra-uterine suppositories of iodoform were used

XUM

and vaginal douches of solution of corrosive sublimate. It is the first case that we shall report, and in the light of later experience we believe that possibly carbolic acid in intra-uterine injections might have given a different result. In all cases where we have used intra-uterine injections, phenol or carbolic acid has been employed. The name phenol, we believe, is considered more proper, as the substance is not an acid in reality, as it does not even break up weak carbonates.

I have preferred the phenol for intra-uterine use because I thought that the evidence preponderated in its favor as compared with corrosive sublimate, and when first used in Case 2, results were so very satisfactory that I preferred to leave well enough alone and not seek further. The records at the Policlinic at Halle, and of the Maternite of the same place show decidedly in its favor, although per contra at the Maternite at Paris the corrosive sublimate is preferred.

Phenol appears to be as efficient as the sublimate, and the system bears such a quantity of the dilute preparation that systemic poisoning is scarcely possible.

If the phenol injection act simply by arresting further decomposition of the uterine contents or in destroying the already developed products, then the treatment is applicable mainly where we suppose such decomposition to have taken place—but if the drug be absorbed into the system it may possibly act as claimed for Dr. Declat's hypodermic treatment and the range of application would embrace cases of puerperal fever from other causes, not including purely inflammatory conditions.

The strength that I have used has been a solution of ½ to 1 per cent. and of a temperature as nearly that of the body as practicable. Every care is necessary to prevent the introduction of air into the uterus or the passage of the solution through the fallopian tubes.

Where the fountain syringe is used—attach the intra-uterine tube to the long rubber tubing—and just before passing the intra-uterine tube into the os, open the clasp, let the solution commence to run and then pass the tube into the uterus, being careful to withdraw it before all the solution shall have passed. Forming a trap of a foot or more of the rubber tubing answers a good purpose.

If the Davidson syringe be used, first tie tightly with cord all the connections where the rubber goes over the metal, then attach the tube to the syringe, and just as the tube is about to be passed into the uterus, compress the bulb once in order to fill the syringe, elevate the basin containing the solution and let the liquid syphon out, removing the tube before the liquid be exhausted. By syphoning there is less danger of introduction of air than by compressing the bulb and also less risk of forcing the solution through the fallopian tubes. The latter accident is rendered less probable in the case of the fountain syringe by having it suspended at not too great a height. A tube with a double canula is an advantage in the same direction. Of course before use any tube should be thoroughly disinfected. In case of metal tubes I have poured alcohol over them and set fire to it, then dipped them in strong carbolic acid, rinsing afterward in a weaker solution. Glass tubes are recommended, as they can be immersed in strong sulphuric acid.

As to a defense of the use of intra-uterine treatment, if decomposition of the contents of the uterus be possible, or if from any cause they may become foci of septicæmic poisoning, then certainly to arrest the process—to cut off further supply of poison is as much indicated as stopping the continued generation of coal-gas would be where a person were found succumbing to its influence.

The few following cases give an unvarnished, unadorned tale of experience, an experience that the writer feels would in future be improved upon, because certain dangers would be more successfully avoided—but they are reported, because it is believed that they help to show that we have a means of quickly arresting a condition that may often be dangerous. It is not contended that all the cases reported were fully developed septicæmia, but even if not, they were conditions that threatened danger in this direction.

In future perhaps the author would wait until the temperature shall have remained for a longer period at 105°, but in the past has not cared to run the risk. Some of the cases certainly demonstrated that we may lower the temperature, lessen the quick pulse and improve the condition generally in a very short time.

Case 1. Mrs. B., æt. 35, light complexion, very nervous temperament, third pregnancy, had from several causes worried a great deal. The membranes ruptured without much previous pain early on the morning of February 10, 1884, although she had not expected to be confined until about two weeks later. She was delivered with a comparatively easy labor about 5 P. M. and nothing out of the usual course occurred until the seventh day, February 17th, when there was very slight fever, ℞ acon. tinct. Eighth day, February, 18th, fever not much higher in morning. ℞ verat. vir. tinct. same day 6 P. M., temp. 101⅘, pulse 92. During my visit she had a chill lasting about half an hour—through the night grew worse and restless, talked almost constantly, nervously, still not really delir-

iously—belladonna was given also occasionally through the night.

Ninth day, February 19th, 8 A. M., temp. 105⅝, pulse 132; 11 A.M., temp. 104⅝, pulse 104; 3¼ P.M., temp. 104½, pulse 108; 10 P.M., temp. 105⅝, pulse 112.

During the day had taken sodii salicylate, gr. v. hourly, and 3 doses quinine sulphat, gr. v. each. Had also had vaginal injections of hydrarg. chlor. corros. gr. ss. ad. ℥i, and intra-uterine suppositories of iodoform. At 10 P. M. consulted with another physician. Patient had had considerable nausea, apparently aggravated by efforts to dislodge naso-pharyngeal mucus that troubled her. ℞ lachesis.

Later, on account of vomiting, tried carbolic acid gtt ii. in half goblet of water, two teaspoonsful doses, and still later arsen. alb., which appeared to alleviate the nausea somewhat. Quinine continued. Tenth day, February 20th, 8 A. M., temp. 106, pulse 112, ℞ arsen., lach.; 11 A.M., temp. 104⅜, pulse 108, the other physician present also. Nausea somewhat troublesome, no tympanites, no abdominal pain, patient has had indigestion and much flatulency when in her ordinary health; talks delirously at times to-day, restless, pulse not weak nor compressible, ℞ lachesis., creasoti $\frac{3}{10}$—same day, that is tenth day, February 20th, 4¼ P. M., temp. 103¼, pulse 86; 11.50 P.M., temp. 103, pulse 100. Eleventh day, February 21st, 11 A. M., temp. 104⅜, pulse 130; arsen. and lach. continued, also vaginal injection of the chloride, and iodoform suppositories in the uterus. Same day, at 1 P. M. was sent for in haste—found her partly conscious, pulse 140, ℞ verat. vir.; 3 P.M., temp. 105½, pulse 140; at 4 P. M., pulse 150, but commenced to fall, and in twenty minutes went down to 90—gave brandy and spir.ammon.aromat. by mouth and hypodermically. The pulse, just as we were ready to begin the hypodermic injections, was 80, in half an hour was 90. At 6.50 P.M., temp. 106, pulse 90; died at 7.45 P. M. Digitalis was also given when heart's action began to weaken. Possibly in this case we might have tried intra-uterine injections, but up to that time in twelve years' practice I had lost no patient after confinement, and as the injections were only beginning to be recommended by some—by more condemned—neither myself nor the consulting physician deemed it advisable to try them, especially as the day before death the patient appeared to be improving, and when she got worse again failed so rapidly that no time was left to do more than try to rally the heart's action. Had antipyrin then been much known possibly it might have lessened the danger of paresis from the high temperature.

Case 2.—Miscarriage at about two months, which I think the patient had helped to bring about. Was first called to see her June 2d, 1885; she had been having during five days previously a slight flow off and on. Digital examination revealed os not much dilated, discharge slightly offensive, small in amount.

June 4th, was called at 5.30 A. M. The patient had been very chilly all night, also had been vomiting several times. ℞ verat. vir. Same day at 12, noon, chilliness had continued and gotten worse, amounting to very severe shivering; there had been vomiting, every few minutes through the forenoon, temp. 104, pulse 112. Injected a solution of carbolic acid into the uterus. Between ten and fifteen minutes after the injection she said: "This is the first time that I have been free from chilliness since last night."

Same day 5.30 P.M., temp. 101, pulse 100, she has had no chilliness nor vomiting since the injection, the flow continues, used catheter, as she had been unable to urinate. ℞ ergot.

At 8 P. M. messenger came to office saying that the pains were very severe. 10 P. M., temp. 99½, pulse 100.

June 5th, called at noon, she had passed the product entire at 7 A. M., and felt very comfortable at time of my visit. Temp. 99½, pulse 80.

In this case the very beneficial result of the injection was apparent, as the medicine was not changed to induce it, and the improvement occurred even eighteen hours before delivery of the fœtus—the *very speedy* cessation of the chilliness and vomiting being especially to be remarked.

Case 3.—Mrs. L., as early as the first week of July, 1885, had been threatened with a miscarriage, then at about three months. During July was attended by an eminent physician down town. In early part of August came to this part of the city, and was under the charge of a neighboring physician. She fully miscarried on the night of August 11th, and as the physician was about to leave the city, I took charge August 13th. During July and August my predecessors had found several small bones, apparently the phalanges in the vagina.

August 14th, 9 P. M., temp. 101, pulse 96. August 15th, 7 A. M., temp. 102, pulse 102: 5 P. M., temp. 103, pulse 106. August 16th, 8 A. M., temp. 100; 5 P. M., temp. 101, pulse 96. August 17th, 8 A. M., temp. 99 2-5; 5 P. M., temp. 100 4-5; 9 P. M., temp. 105, pulse 120. Gave intra-uterine injection of carbolic acid at 9.30 P. M.; 11 P. M., temp. 104 2-5. August 18th, 1 A.M., temp. 101; 8 A.M., temp. 98½; 4.20 P. M., temp. 100 4-5, pulse 108.

In future would leave well enough alone and not use a second injection until temp. had gotten quite

high, which I do not think it will do after one fair injection, but at that time as temp. was a little higher, and fearing that it would continue to increase, thought to prevent it by using the injection. The syringe did not act well and I heard suction of air twice during compression of the bulb, as at that time I practised compressing the bulb instead of doing as suggested in preceding notes.

At 7 P. M., chill of twenty-five minutes' duration; 7.45 P. M., temp. 105 1-5, pulse 140.

Gave two doses of antipyrin grs. x each one and a-half hours apart; 9.30 P. M., temp. 101 4-5; 10 P. M., 101 1-5, pulse 135. August 19th, 2 A. M., temp. 99 2-5; 7 A. M., temp. 99 1-5, pulse 104.

From this forward steady improvement and no rise of temperature. Remedies beside those mentioned; acon., china, quinine, arsen.

Case 4.—Mrs. R., confined the morning of January 10, 1886, second child. She had a very easy labor and the secundines came away quite intact. All went well until the ninth day. January 19th, 10.30 A.M., temp. 103¼, ℞ quinine grs. iii. every three hours; 6 P. M., temp. 104½, pulse 112.

I attempted to give an intra-uterine injection, but it was the first time that I had used the fountain syringe for the purpose and I do not think that much, if any, of the solution entered the uterus. On this account and as temperature at 8 P. M. had not lowered, I gave antipyrin, grs. x repeating it twice during the night. Same day, 9 P. M., temp. 102; 12 P. M., temp. 101½.

Tenth day, January 20th, 8 A. M., temp. 101; 3 P. M., temp. 103½; 6 P. M., temp. 103½.

Fearing that the temperature would rise during the night and feeling that she had really had no uterine injection as yet, I concluded to try again, administering one at 6.30 P. M.; 8.30 chill. ℞ acon.; 9 P. M., temp. 106½, acon. continued. 9.20 P. M., temp. 104½; 10 P. M., temp. 103¾.

Eleventh day, January 21st, 8 A. M., temp. 100; 11 A. M., temp. 100, pulse 80; 6 P. M., temp. 101⅛, pulse 80.

Twelfth day, January 22d, 11.30 A. M., temp. 102. From this date temp. steadily diminished and patient improved.

Case 5.—Mrs. G., primipara—confined Tuesday, February 2d, 1886. I had examined her urine at seventh month and found no albumen whatever. Her husband, a clergyman, tested it a couple of weeks prior to full term and reported it just slightly cloudy.

The feet were not much swollen, no dimness of vision had been present. Vertex presentation, left occipito-iliac position—pains had commenced at 4 P. M., gotten tolerably severe at 7 P. M.; rotation did not take place as fairly as I thought it ought and tried to help the condition by manipulation, and think it was of benefit.

She was having quite severe pains when at ten o'clock she was seized with a severe convulsion lasting several minutes. I had ceased endeavoring to rotate the head a half hour before the convulsion occurred. Upon having the convulsion I administered chloroform. In about 15 minutes she had another, when I applied the forceps and succeeded in quickly delivering without laceration. Upon the third day, February 5th, 11 A. M., temp. 103½; 5 P.M., temp. 104½, ℞ quinine. Fourth day, February 6th, 1 P. M., temp. 105, pulse 128. At 2 P. M., administered an intra-uterine injection. Same day, 5.30 P. M., temp. 103½, pulse 100; 7 P. M., temp. 102½, pulse 95. Fifth day, February 7th, 3.30 A. M., temp. 101⅜; 8.30 A. M., temp. 102; 12 M., temp. 104, pulse 96. From this date did well.

I think that in future the unpleasant effects that occurred after two of the injections will be avoided, but notwithstanding that they happened, they appeared to be quite transient, and the quickly following improvement in the general condition was just as marked as where no untoward temporary effect was induced.

As regards having carried contagion to or from the above cases, I find in looking over the day-book that at the time of the first case I had a patient with typhoid fever in charge, but like others in general practice, I have so many times treated erysipelas, scarlet fever, etc., and had no trouble with contemporaneous lying-in cases that I scarcely think that that was the cause, nevertheless I am careful to avoid going directly from one to the other, and also wash the hands in some disinfectant—corrosive sublimate, carbolic acid, or liq. sodii chlorinat. As to having carried *from* these reported cases, I had other lying-in patients all the time that these cases occurred and no others were affected.

No reference has thus far been made to vaginal injections. They may be of help in case the seat of sepsis be in the vagina, or, if the os be quite open, some small amount of the injection may find its way into the uterus, especially if the patient have a bed-pan under her, thus raising the hips slightly.

Salix Nigra (Amentis)—in the Treatment of Masturbation, Excessive Venery, Spermatorrhœa, and Ovarian Disease.—After relating several cases in the *Southern Clinic* for October, Dr. F. T. Paine, says that the possibilities of the agent are very great—its future exceedingly promising. Before closing, he says that having used it five years, he has as much confidence in its virtues as he has in calomel or quinine in appropriate cases. The dose is one drachm of the fluid extract twice daily.

HERPETIC AFFECTIONS OF THE CORNEA.

By John L. Daniels, M.D., New York.

THE herpetic affections of the cornea may be divided into three forms: 1. Catarrhal herpes, which makes its appearance simultaneously with an herpetic eruption on the nose and lips; 2. Idiopathic herpes, which appears to be an idiopathic disease accompanied with a slight degree of catarrhal irritation of the conjunctiva; 3. Herpes zoster ophthalmicus, which occurs as a partial manifestation of a herpes zoster of the first and second branches of the trifacial.

Catarrhal herpes of the cornea, for whose description we are especially indebted to Horner, accompanies catarrhs and inflammations of the mucous membranes lining the intestines and organs of respiration. It appears most frequently during middle life, is more prone to attack men than women, and is always confined to one eye. The affection is characterized by the formation of one or more groups of superficial vesicles on the cornea, usually on its peripheral portions. The vesicles burst and run together very quickly, forming in this way a superficial ulcer whose base is covered with disintegrated tissue. An herpetic eruption on the nose and lips may either precede or follow the eruption on the cornea. The disease is always accompanied with violent pains in the eye, photophobia, profuse lachrymation, and slight injection of the sub-conjunctival blood vessels. The skin of the forehead and eyelids remains unaltered and retains its sensibility. The base of the ulcer is usually not insensible to touch; the tension of the eye is diminished. In the course of some weeks, after the vesicles have repeatedly filled and evacuated themselves, the symptoms gradually subside. Patients suffering from this form of the disease usually make a good recovery, without any permanent disturbances of the sense of sight, although in exhausted and poorly-nourished subjects, the disease has been observed to lead to grave corneal complications.

Herpes zoster ophthalmicus, which should be distinguished from the previously described disease, begins with violent pains along the course of the first and second branches of the trifacial. These pains are soon followed by the sudden appearance of clear, watery vesicles along the course of the supraorbital and supratrochleal nerves. The neuralgic pains generally subside with the appearance of the eruption. After the vesicles have appeared for some hours, they gradually assume a yellowish hue, quickly dry up, and form scabs. The cutis is usually reddened, and the local temperature may be increased as high as two degrees. In from two to four days after the appearance of the eruption, the neuralgic pains suddenly return, accompanied with photophobia, lachrymation, subconjunctival injection, and the eruption of one or more groups of vesicles on the peripheral portion of the cornea, which leave, after their evacuation, a deeply-seated ulcer. If the disease runs a very acute course, iritis, with or without opacity of the aqueous humor, may occur. The pupil is always contracted, the tension of the eye diminished, and the base of the ulcer always insensible to touch. There is usually more or less anæsthesia of the cornea, and the skin of the forehead and eyelids, which may last for a long time. The ulcers usually heal in the course of a few weeks under slow regeneration of the epithelium, and leave more or less opacity of the cornea. Corneal complications are not always present in herpes zoster of the trifacial, and Koch and Hibord only found it present in twenty-five per cent. of the cases treated by them. The etiology and pathology of the disease still remains in obscurity, although Wyss found in one case examined by him post-mortem the ganglion gasseri inflamed and its ophthalmic branches, as far as he was able to follow them, hyperæmic and infiltrated with round cells.

Idiopathic herpes of the cornea is an extremely rare disease, so rare indeed that it has only been met by a few authors, and v. Graefe in 5,000 cases of eye diseases treated by him in 1854, found but four of them due to this form of keratitis. It differs very essentially from the previously described herpetic affections of the cornea. It is characterized by the successive vesicular eruptions on the cornea, which rapidly follow one another, and by the grave and dangerous corneal complications which it sometimes causes. [de Wecker.] The sensibility of the cornea is always intact, and the tension of the eye normal. The vesicles are round, sometimes a little elongated, provided with a small pedicle, thus giving them a pyramidal appearance. [Saemish.] Supraorbital pains usually precede the appearance of the vesicles. Photophobia, violent ciliary pains, and profuse lachrymation are essential symptoms of the disease. The ciliary pain disappears the moment the contents of the vesicles escape, but reappears with the same intensity as soon as a new portion of the cornea is attacked or the old vesicles fill again. [de Wecker.] The vesicles generally disappear in a very short time, and leave a hardly perceptible opacity of the cornea, which gradually disappears. The disease is prone to run a very variable course. In some subjects it only produces one

eruption of vesicles, while in others two, three, and even four eruptions have been seen to occur. The etiology and pathology of the affection is still obscure. It sometimes makes its appearance in connection with catarrhal conjunctivitis, and has also been observed to follow keratitis parenchymatosa.

The diagnosis of herpetic diseases of the cornea is not difficult in the first stage, where the vesicles are present. After the ulcers have formed, it may be mistaken, either for an erosion from superficial injury, a phlyctænular ulcer, and in some cases for an ulcus serpens. The history of the case will enable one to differentiate between an erosion resulting from superficial injury and one resulting from the evacuation and breaking down of a group of vesicles. The diagnosis of an ulcer resulting from phlyctænular keratitis and one resulting from an herpetic eruption is somewhat more difficult; but the history of the case, the age of the patient, the presence of an herpetic eruption on the nose and lips, and the presence of supraorbital neuralgia, will help one materially to make a differential diagnosis. For the differentiation between an ordinary ulcus serpens and one resulting from an herpetic affection of the cornea, one will have to rely more on the phenomena which have preceded the ulcers, more than on any peculiarity in its shape.

In the treatment of herpetic diseases of the cornea, due regard should be paid to improving the general condition of the patient, as they are more or less intimately connected with some derangement of the general health. In catarrhal herpes of the cornea, when the affection is due to catarrhal conditions of the mucous membranes of the intestines and organs of respiration, remedies should be given whose internal administration has been found to exert a beneficial action in such trouble. Of this class we would especially mention, ars., carb. veg., bry., nux, merc., china, lyc., nat. mur. Where the neuralgic pains are very acute, as in herpes zoster, we would especially recommend such remedies as agar., canth., merc., mez., rhus. Here, as in many other affections of the eyes, the local treatment plays an important part. The instillation of a ½ to 1 per cent. solution of sulph. of atropine [once or twice a day] exerts a very beneficial action on the ciliary pain. Where the photophobia is very great, the eye should be protected from the light by a bandage. After the acute symptoms have subsided, finely pulverized calomel may be applied locally to the eye.

BELLADONNA is said to relieve the unpleasant nasopharyngeal symptoms of potassium iodide.

THERAPEUTIC NOTES.

CELERINA, (Rio Chemical Co.) comes forward as an excellent remedy in neurasthenia, with loss of appetite, insomnia, and constant fatigue. It has also been used with success in some cases of spermatorrhœa, particularly after masturbation. It is used in two teaspoonful doses every four hours or so.

Atropia Sulph.—Dr. A. F. Trafford, of Red Bank, New Jersey, writes us that a case of traumatic trismus, characterized by pain and stiffness in the muscles of the back, neck and face, was entirely relieved by this remedy, 1-100 in four ounces of water, two teaspoonfuls of the solution being given every two hours; *also*, the following lotion in sprains:

℞ Tinct. opii..... f ℥ i
Spts. camph..... f ℥ ii

M. Sig. Apply three times daily.

Zinc Sulph.—Dr. Trafford uses three grains of this drug to an ounce of rose water as a posterior nasal injection three times a week in chronic nasal catarrh.

Hypericum perforatum.—Dr. M. D. Wilson, of Oakland, Cal., reports to us a case of traumatic injury to the internal plantar nerve, with consequent swelling, pain and paralysis of the third toe, entirely cured by this remedy. There is no doubt of the wonderful efficacy of hypericum in affections of this class.

Hecla lava is also recommended in synovitis.

Coca wine is said to allay persistent vomiting due to excessive nervous and muscular sensibility of the stomach, and a decoction of the leaves the intense gastralgia from gastric ulcer. Fluid extract of coca in drachm doses is used as an astringent in recurrent hemorrhage from piles.

A Specific for Burns.—Dr. Moxley (*Eclectic Med. Journal*) condemns the application of soda bicarb. to burns, and is inclined to think that the only good that has ever resulted from its use has been obtained by smearing it thickly over the affected part, thereby excluding the air and only acting as a mere covering. He then goes on to say: "But if you will apply balsam copaiba freely over the next burn you have to treat, you will have a more correct idea of the meaning of the word specific than by any other means I know of. The squalling child will quiet down in a few minutes. You will return home paid, and the mother will bless the bully doctor. The same balsam is equally specific to the cure of frozen parts, removing the pain and soreness in a few applications."

Iodine Tincture in the Treatment of Intermittent Fever.—Schabliowsky (*Russkja Medicina; Deut. Med. Zeitung*) has treated twenty-six cases of intermittent fever with tincture of iodine, ten drops being given three times a day. A cure resulted in every instance, without unpleasant consequences.

ON THE TREATMENT OF SCIATICA AND NEURALGIC AFFECTIONS BY CONGELATION WITH METHYL CHLORIDE.*

By Henry B. Millard, M. D., A. M., etc., New York.

Dr. J. M. Debove, of Paris, in the *Gazette Hebdomadaire*, Aug. 15, 1884, described a method of treatment, first employed by himself, of various neuralgic affections, particularly sciatica, by the local application of the chloride of methyl (*not methylene*). * *

Dr. Debove, in the article above referred to, says, "Revulsives appear to act in sciatica in exciting the nervous extremities of the affected nerve, but the number of nerve-filaments excited is always limited; it is impossible indeed to apply a blister which extends from the hip to the calcaneum, or to cauterize the entire surface of the limb.

"I thought that this revulsion could be obtained in a different form by congealing the skin, for congelation may be effected and the skin regain the integrity of its functions. There seemed no objection to trying this, for the worst accident would be the production of a slough (*eschar*), which in the case I intended to apply it did not seem of great moment, as the treatment of sciatica by the cautery has become classical."

The *chloride of methyl*, Ch_3Cl, is a gas which is rendered liquid by pressure. This product is extensively fabricated in Paris by heating trimethylamine, which in its turn is made from the *vinasses*, the spent wash of the stills in which the molasses of the beet-root is distilled in the production of alcohol. It is much used in laboratories for the purpose of producing intense cold, and in freezing pathological specimens. When placed in an open vessel it boils at a temperature of $-23°$ C. ($= -11°$ F.). It is not explosive, and in strong cylinders can be transported without danger. In France it is sold at six francs the litre.

Dr. Debove first employed a strong glass siphon, filled from a leaden retort containing the liquefied gas; the liquid is liberated by turning a screw at the top, through a flexible leaden tube with a finely-perforated brass point, by which it can be directed upon the affected part. The liquid on being liberated becomes at once volatilized, and escapes in the form of a very fine spray. Dr. Debove has tried to produce the same effect with a Richardson's apparatus, but ineffectually. Within the last year, Galante has manufactured a strong copper siphon which is absolutely free from danger, as it cannot be broken.

The liquefied gas directed upon the skin produces immediate whitening and hardness by congelation; these two effects disappear almost immediately, the skin becoming red and hot. To quote from Debove: "The jet of methyl chloride is directed upon the skin of the entire region which is the seat of pain, in sciatica from the sacrum to the malleolus." Patients experience a burning sensation, which is painful, but in no wise comparable to that produced by cauterization by heat, nor is it of long duration. No dressing is necessary. Practically, the effect is the same as that of an extensive, superficial, and rapid cauterization without vesication, or destruction of the epidermis.

This treatment is not suited to all forms of neuralgia as, for example, not to that having a syphilitic origin; it is most applicable to those cases having a rheumatic basis. "My first patient," says Debove, "was affected with sciatica neuralgia, and had been treated in vain for various attacks by the actual cautery, and had not been helped under my service by a month's rest in bed. I applied the jet of chloride of methyl over the entire surface affected, from the hip to the external malleolus. A minute after, this patient, who had not been able previously to set his foot to the ground, walked without limping, declaring himself cured. He was quite stupefied by his cure; I confess, my own astonishment was not less than his, but I was well aware that marvellous therapeutic results are often a mere coincidence, or are due to the imagination, and that further trials on the part of the physician are not always attended with similar success. This is especially true of sciatica which has been cured by the simple cauterization of the lobe of the ear." * * *

Owing to the impossibility, thus far, of obtaining the chemical in this country, I have tried to produce the same effect with petrolic ether—rhigolene. With a Richardson's double bulb I have reduced in three or four minutes the temperature of water in a test-tube to zero, and in five or six minutes have produced congelation of the surface. This, however, is a very slow process, especially when congelation of a large surface is sought, compared with the chloride of methyl, which almost instantaneously reduces the temperature to 11° F. below zero. Aside from the time consumed, the rhigolene does not produce so much blanching of the skin, and the heat and reaction after its use are less.

*Abstract of an article in the *Therapeutic Gazette*, Feb. 15, 1886, by Henry B. Millard, M. D., A.M., of New York.

The Morphia Abuse.—If it be justifiable (which we take leave to question) for medical men to resort to the expedient of injecting morphia under the skin, in and out of season, for the relief of really trivial aches and pains, or for slight attacks of "wakefulness," it is manifestly inexcusable that the lay public should be permitted, and even encouraged, to abuse this potent agent for the sake of ease or false sleep. The growing practice of giving and taking hypodermic injections needs to be checked. It is already becoming quite a common thing to meet with persons who are much addicted to this misuse of morphia and other drugs, and who have so impaired the stability of their nerve centres that they are the victims of a persistent weakness and irritability which greatly embarrasses, if it does not wholly baffle, the treatment of ordinary diseases. Only those who are behind the scenes know the extent to which this abuse is carried. The morphia-taker is seldom truthful. He will assure his medical adviser that he rarely has recourse to the drug, when he is actually in the habit of taking what is relatively a large quantity on the slightest excuse or provocation. By-and-by the insidious habit becomes so overpowering that he cannot leave it off, and he has recourse to all sorts of stratagems to conceal what he feels to be a secret vice. Something ought to be done in the matter, and at once. It is for the profession to consider whether the use of morphia, even when administered by medical men, is not becoming too reckless. We incline to think it is. In any case, patients ought not to be allowed to use the drug themselves. The instrument-makers could tell a startling tale of the number of hypodermic apparatus sold to the public every year. While we condemn and try to limit the abuse of alcohol, let us beware lest we foster the growth of a habit which, if possible, is even more pernicious than that of "drink."—*London Lancet.*

Potass. Permanganate in Cholera.—F. E. McFarland, in *The Dublin Journal of Medical Science*, prescribes gr. 1 to aq. ℥ iv. M. sig. ℥ i, every ten minutes until reaction is established, which may occur in from two to nine hours.

EMPYEMA.*

TWENTY-FOUR CASES OF THE RADICAL OPERATION.

Pleurotomy.—This is by far the best operation to perform in the first instance. The patient being generally in the semi-recumbent position, an incision of from one to two inches is made, usually in the sixth, seventh, or eighth intercostal space, in the posterior axillary line, or a little back of it; this location may be varied somewhat, according to the thickness of the muscles, the possible bulging between the ribs, or for other reasons. Marshall (*London Lancet*, March, 1882,) recommends the fifth space in front, where nature oftenest makes her opening (or a spot on the same level in the axilla), but every other authority that I remember is strongly opposed to an anterior opening. Having made such an opening in one case in the hospital several years ago, I should not want to try it again. When the patient, as very often happens, is quite weak and confined to the bed, it is exceedingly awkward to wash out and drain the pleural cavity from an opening in front, and most patients do not relish being turned on their faces for this purpose. One of the prime requisites being a good position for drainage, the first impulse would naturally be to select the very lowest intercostal space in the back where pus could be found; but this is not wise, because, owing to the anatomy of the lower part of the pleural cavity, the diaphragmatic and the costal pleurae might unite above the opening after drainage had been established, leaving a large pus-cavity undrained above. Such an occurrence is a matter of record. The diaphragm and other structures, also, have been wounded by too low an operation; and in case none of these accidents happen, the tube is apt to push against and irritate the diaphragm. At first, I used to open the chest by one incision through skin and all the subsequent tissues, running the knife down the groove of an exploring needle, as the manner of some is; but I soon abandoned this method, and now divide carefully one layer after another. Thus there is less danger of wounding the intercostal artery and the rib; the internal opening can be made shorter than the external, which to some extent prevents the disagreeable burrowing of pus and air into the subcutaneous cellular tissue, and the parts can be more neatly adapted to the tube. It is generally advisable to pursue exactly the same course, even if nature has already made an opening through the parietes in front, or into a bronchial tube. The old-fashioned method of making two openings, and passing a fenestrated rubber tube tnrough both, and tying the ends on the outside, is now seldom resorted to. It acts as a seton, and perpetuates the formation of pus.

Results.—Of my twenty-four cases, eight were complicated with phthisis, and the affection was undoubtedly secondary to the tubercular deposit; that is, they were really *cases of phthisis*, with empyema as a complication, and operation was performed generally with no expectation of a cure. Of these eight cases, seven died within a few weeks or months without the cure of the empyema, and the eighth is still living with the empyema cured. There is some difference of opinion as to the advisability of operating on an empyema in a patient with well-marked phthisis. My experience shows that in some cases at least, great temporary relief may be gained, although of course the inducement to operate is as nothing compared with cases not having this complication. * * *

One point especially has been firmly impressed upon me; and that is, the earlier it is done, the greater, *vastly* greater, is the chance and measure of success. To do it early, an accurate diagnosis is necessary. So in a great many cases, lives which are now lost might be saved by an early and accurate diagnosis, and by treatment directed against *empyema* instead of against low fever, debility, phthisis, pneumonia, liver complaint, and many other diseases which are frequently mistaken for it.

* Abstract of an essay by Herbert C. Clapp, M. D., Professor of Diseases of the Chest in the Boston University School of Medicine.

A Mustard Sponge.—Dr. B. W. Richardson recommends the use of a sponge for mustard poultices. He says: "A sponge makes the best of mustard-carriers. The nurse mixes the mustard in a basin with water until the mass is smooth and of even consistency. Then she takes the soft mass all up with a clean sponge, lays the sponge in the centre of a soft white handkerchief, ties up the corners of the handkerchief neatly, to form a hold, and applies the smooth convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice for reapplication, often a matter of importance during the weariness of night-watching. The sponge can afterwards easily be washed clean in warm water."

Acute Bright's Disease.—Cure.—In the Jefferson Medical College Hospital service of Dr. J. M. Da Costa, a man was recently cured of acute Bright's disease which had lasted four or five weeks. When first seen, he was using Basham's mixture and Rochelle salts for some time, and his condition remained the same. The treatment was then changed to sulphate of magnesia every morning and one drop (increased to five) of a centesimal solution of nitro-glycerine thrice daily. The question now arises whether the nitro-glycerine cured him. This drug undoubtedly does good in Bright's disease when there is not too much structural change, but we also know that acute Bright's disease has a tendency to get well under the use of diuretics and laxatives; hence, since both methods were employed, we cannot say positively which effected the cure, though Dr. Da Costa inclines to credit it to nitro-glycerine.

Galvano-Puncture in Pelvic Hæmatocele.—M. Apostoli strongly recommends the use of galvano-puncture in peri-uterine hæmatocele. The instrument he uses is a trocar of medium size connected with the negative pole of a battery, the other electrode being of considerable size and applied to the back or thigh. Care must, of course, be taken to avoid wounding the uterus, intestine, or any important blood vessel. A large dose, even as much as 100 milliampères, should be given, the resulting slough and fistula being proportional to the current employed. As to the duration of the galvano-puncture, five or six minutes is usually sufficient, but should be regulated by the loss of substance and chemical action which it seems desirable to produce. M. Apostoli thinks that all peri-uterine hæmatoceles should be treated in this way, and that the earlier the operation is performed the better. Antisepsis should be carried out as far as possible, first by heating the trocar prior to puncturing, and afterwards by carbolic acid injections into the sac twice a day.

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THE MEDICAL PROFESSION.

THE history of man shows that no system of religion, of philosophy or science is ushered into the world fully matured in all its parts, without the need of modification or change. The physical organization of man seems, in the light of recent research, instead of being a distinct creation, springing fully formed as a human being into this great world of life and action, to have been an evolution from the lower to the highest and most perfect form of animal life. Man has reached his high state of physical perfection only through long ages of development; and what is true of man is equally true in art, literature, religion, science, and in every department of human thought and human progress, all of which are but evolutions, as man is himself an evolution, one thought and one discovery—a step to a higher, ever progressing into higher planes of thought and more perfect and harmonious work.

All science and all human progress is a record of the "survival of the fittest," the chaff being blown away, the illogical and false crushed under foot, and all that is practical and true utilized in the endless development of the future. The elements of some great truths have been developed in every age of the world. These have been tried and proved, strengthening and forming a part of that endless chain of progression which unites us with the good and true in all ages, and which carries with it in eternal freshness and vigor the relics of its childhood's days.

The medical profession of to-day is shown to be an historic evolution, from the fact that we can trace its roots back almost as far as we can trace the history of man, each century contributing some fact, some great thought which has helped to develop and strengthen the profession into its present vast and magnificent proportions.

When we consider that the corner-stone of our profession, the nucleus around which everything crystallizes, is the study of life, its development and growth and influence, we can see how it must be linked with every science and with every line of investigation in which life and the influence of life is felt. Man has reached the highest point of development yet obtained in the grand scheme of creation, which is every day unfolding more and more its immensity and grandeur, its wisdom and beauty and perfection. Standing upon the highest pinnacle of creative power, man is still an animal linked with animal life; that life which, in the far distant ages, had its organized beginning, so far as human research can trace, in the first protoplasmic cell, and which has developed through the course of time into higher and more complex forms, until it has reached the highest type and most perfect development in man—a development so perfect that a new and immortal life can flow into it, become a part of it, and in time eliminate from it the inherited traits of the brute creation. Man thus through his double life, the mortal and the immortal, the animal and the spiritual, the soul influencing and, if it may be, controlling the animal and directing all its energies into higher and purer channels, is the monarch of the world, the avenue through which God seeks to accomplish the highest work of creation, the point toward which all life tends, and the power and intelligence with which He seeks to utilize it in His great scheme of progress and endless development.

The study of life in all its forms, its influence for good or evil upon the human being, is the study and work of our profession.

That man poorly comprehends the capabilities and the possibilities of our profession who restricts his inquiries to a single channel, or is chained to the wheels of a single dogma. Wherever there is life, the study of its infinite diversity and its innumerable forms and changes, opens new fields of

investigation and new lines of thought through which many of the mysteries of health and disease are made plain and the roots of the great social evils which have penetrated deeply into natural and individual life fully exposed.

The study of germ life, both animal and vegetable, in its infinite varieties, has, within the past few years, opened a vast field of research which has yielded, and will continue to yield, the richest results, the fruits of which we are only commencing to gather. The secrets of atmospheric influences and electric forces are only just beginning to be disclosed, but they are opening with such startling richness and vastness as to almost stagger the intellect with the possibilities of the future. With the magnificent results of investigations which are every day disclosing new facts, unlocking old mysteries, adding immensely to the general sum of our knowledge and usefulness, is it wise, with the grand and almost illimitable field opening before us, to confine our researches to a single dogma, as though in this, and this alone, was to be found that elixir of life which would regenerate and heal the human race? There are so many facts in science which appeal to the intelligence of every reasoning man, so many avenues of thought open and constantly opening as the darkness which hid them from sight rolls away before the light of science, that there must be room for all to work without jealousy or discord, each bringing his quota of knowledge to be tried in the furnace of practical experience and each recognizing the other as a fellow worker in the ranks of a great profession. We cannot check the progress of truth or force its reception. The mind will some day, as light gradually dawns upon it, be wide open to receive it and incorporate it with its own life and work. Intolerance, exclusiveness, or angry discussion will neither help or retard. All that we can do is to live earnest, conscientious and honest lives, ever striving to do good and intelligent work in that great field of labor where there is room for all.

We have here outlined our own ideas as to the duties of our profession, and shall endeavor, in the new volume of the NEW YORK MEDICAL TIMES, which commences with this issue, and in all the future which God gives us to work, to strive for the interest and the good of the whole profession. To the contributors who have so ably assisted us in the past, and to our constantly increasing list of subscribers whose sympathy and kind words have cheered us in labor, we return a grateful acknowledgment. THE TIMES, in the future, as in the past, will carefully glean facts from the rich harvest of scientific truth and practical experience, and will do its utmost to make its pages interesting and instructive to the professional world.

THE ETHICS OF THE DOSE.

THE question of dose has been a most disturbing element in professional ethics for nearly a century now, and the discussion waxes warm in certain quarters at present, in consequence of the disaffection of another prominent high dilutionist who has been forced to change his mode of practice to accord with the test of experience and with scientific investigation. The circle of adherents of this visionary delusion is gradually narrowing, so that it will soon die from inanition, as it obtains few converts.

If the public only knew just how these so-called "high dilutions" are made, we doubt whether they would be tolerated for a moment.

Describe to any intelligent layman that the first dilution contains one part of medicine to ninety-nine of the vehicle, that the second dilution contains one part of the first to ninety-nine of the vehicle, that the third dilution contains one part of the second to ninety-nine of the vehicle, and so on to the thirtieth, two hundredth, or the hundred thousandth; that so-called fluxion dilutions are made by washing out the bottle in which there has been medicine, a hundred thousand times, more or less, and labeling the remainder the "hundred thousandth," or whatever the water meter may indicate, and see if he will be willing to trust a valued life to such mystical measures.

In most cases it would be only necessary to describe this process to stamp out any tendency to a belief in such transcendentalism.

Such so-called medicaments have never been known to make any well person sick, and it is fair

to presume that they have no power to make sick persons well.

There is much of what is called clinical experience which is purely fictitious and not worthy of any credence whatever.

Scientific progress indicates beyond reasonable doubt that the selection of the dose is an important factor in the practice of medicine, and that the agent employed must be capable of doing just what is required. It must be neither too powerful and hence injurious, or not powerful enough, thereby failing to produce any effect.

It is to ascertain this means that the conscientious physician will ever strive, and if he avoids fiction and accepts only demonstrable facts, he is much less likely to become entangled in the ethics of the dose.

THE DEVELOPMENT OF THE HUMAN BODY.

THE head of a large institution for the deaf and dumb in Copenhagen has instituted a comparison of the height and weight of the children under his care, numbering one hundred and thirty, extending through three years. The children were measured once a day, and weighed four times a day. The result brought out some interesting facts. In September and October the children grew only a fifth of what they did in June and July. During the autumn and beginning of winter, the children accumulated in bulk, but the height was stationary. In the early summer the bulk remained nearly unchanged, but the height was increased. It seemed when the body worked for growth there was rest from bulk, and when it increased in bulk the height remained stationary. A marked increase in weight was noticed during the warm season, the child increasing in height but often diminishing in weight during the cold weather.

Dr. Miller, surgeon to the West Riding Convict Prison, made similar experiments to those of Mr. Hanson, upon four thousand persons, extending through fourteen years. The laws of growth in adults seemed to differ from those found by Mr. Hanson in children. Dr. Miller found the maximum increase of weight in adults was from April to August, and the minimum from September to March, the body becoming heavier in summer and lighter in winter.

Some very interesting facts have recently been brought out by the careful studies of physiologists upon the inequalities of growth in the different parts of the body. It is found that instead of both sides of the body being alike, the contrary is the rule. Dr. Garson found from the measurement of seventy skeletons, the lower limbs were equal in length in only seven cases, or ten per cent., the left limb being more frequently longer than the right. Dr. Dwight says the clavicles in twenty-two cases examined by him was only equal in six cases, the left clavicle usually being the longest. Artists have noticed the fact that the two sides of the face are seldom alike. An interesting diagnostic fact is mentioned by Sir James Paget which will often be of service in treating cases of slight spinal curvature. He says, "Many examples of suspected slight curvature of the spine are only examples of the adjustment due to the lower limbs, and in every case they should be measured and compared, for the remedy may be supplied by boot soles of different thickness better than by spinal instruments. If, viewed from behind, the hands of the patient resting on the upper border of the iliac crests are in an exactly horizontal plane, a well formed spine will stand at a right angle on that plane."

It has been noticed that persons travelling at night without some known object to guide them, or lost in a fog or on the plains, where nothing can be seen but the same monotonous expanse of sky and plain, wander in a circle, coming back in a few hours or days to the starting point: and the explanation has been found in the inequalities of the lower limbs, the longer limb taking a longer step than the corresponding one would, unless there was some visible object to serve as a guide, cause a person to travel in a circle.

As it regards the upper extremities, the same irregularities are noticed as in the lower limbs, the right being usually the longer, and stronger, and more expert and delicate in manipulation. This, however, is to a certain extent the result of education, and the best surgeons and obstetricans so discipline the hands that they can use both with equal facility.

OVERWORK.

THE subject of overwork is being continually discussed, with, we fear, little effect in working reform. There are two aspects in the case which should be recognized, one relates to the individual worker, and the other to the work accomplished. The first may involve an act of cruelty, while the second concerns the public, because overwork is usually done badly.

Much of this overwork could be avoided by system in the arrangement of labor, and by the avoidance of that terrible destroyer of opportunity, procrastination.

Of course, these points refer only to those who are their own masters, or are not dependent upon others for direction as to what they shall do.

There is another element which seems of late to have taken a prominent position in the discussion of this subject, and which bids fair to recoil upon itself, viz., the attempt of the labor societies to deal unjustly with the public, who certainly have some rights in the premises.

There is not that danger of overwork with manual laborers that there is with those who do their work with the brain.

The manual worker insists upon working only eight hours out of the twenty-four; the brain-worker, in many cases, is lucky if he gets off with twelve or fourteen.

It is the hours of the brain-worker that should be shortened, but who ever heard of a strike for this purpose with any of these?

SUDDEN ILLNESS IN PUBLIC PLACES.

A PERSON is taken suddenly ill in a public place, is removed by the police, charged with drunkenness, and finally dies of paralysis or some other affection, independent of alcoholism. Perhaps a medical man has seen the case and blundered over the diagnosis, and perhaps none has been called. There have been many terrible occurrences of this sort, and somebody should be made responsible, for a false charge of this character seems criminal.

Public officers of the peace should be compelled to call medical aid in every case of unconsciousnes, or even incapacity, from whatever cause, and the diagnosis should be most guarded, and thus avoid such a mistake as was recently made in this city by an eminent medical man.

INSANE FOREIGNERS.

THE number of insane within this State, as well as in some others, has increased one-third within five years, and it is said the increase is almost wholly from abroad. The census of 1880 shows that one out of every two hundred and fifty-four foreigners are insane, while only one in six hundred and sixty-two Americans are in this condition.

A vast throng of immigrants is constantly arriving in our city, and the insane and paupers are sure to be left with us to fill our asylums, while the healthy go to seek fortunes elsewhere.

Rigid laws strictly enforced should be our watchword, and it is quite time that the people of the State became awake to the emergency.

WE often receive letters without mention of the State, and as the same name is often found in every State and territory, we find it impossible to locate the writer. Occasionally, a number of THE TIMES is returned to us without the slightest intimation who is the sender. A little more care in the writers would insure prompt attention and save us both much unnecessary trouble.

OBITUARY.

DR. AUSTIN FLINT died at his residence in this city, March 13, of apoplexy, aged 74 years. Dr. Flint was principally known as a writer and teacher, his work on "Theory and Practice," and his connection with medical colleges, giving him a large consulting practice. His name has been prominently before the community the last few years as a bitter opponent of the new code of medical ethics and an uncompromising advocate of the old code, with all its bigotry, intolerance and exclusiveness. The recent attack upon Dr. Barker in the New York Academy of Medicine, of which he was president, was supposed to be organized by the Flints, father and son, and the probable failure of the proposed International Medical Congress has been attributed in a measure to the same influence, an influence which sought to turn the congress into a sectarian channel entirely different from what was originally contemplated. Dr. Flint was by no means an original writer or thinker, but possessed of pleasant social qualities, of graceful diction in his writings and lectures, and, when not influenced by his prejudices, an excellent collator, he undoubtedly exerted a strong but not unfrequently an unhealthy influence upon medical thought and toleration and upon harmony in the medical ranks.

DR. S. OAKLEY VANDER POEL, formerly Surgeon-General of the State, and for several years Health Officer of the port of New York, died at Washington, March 12, aged 62 years.

BIBLIOGRAPHICAL.

THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A.B. (Harvard), M. D., author of "Student's Manual of Urinary Analysis," "Clinical Significance of the Urine," "Practitioner's Guide in Urinalysis." Chicago: Gross & Delbridge. 1886. Pp. 301, 12mo.

The author of this most practical work has carried out his aim well, in giving his information in as small space as possible. He has simplified chemical theory so that a beginner can understand it, and the chapter on Urinalysis is the result of his own large experience, and is eminently practical. We heartily commend the book to practitioners as well as to students.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M. D., Clinical Professor of the Diseases of Children in Bellevue Hospital Medical College, New York. Octavo, 867 pages, 40 illustrations. Cloth, $4.50; leather, $5.50. Philadelphia: Lea Brothers & Co., 1886.

The fact that a work has reached a sixth edition is sufficient evidence of its appreciation by the profession. The text of the present edition has been revised and in many instances re-written to meet the requirements of our present knowledge of the subject of which it treats

The book, as is well known, is one of the best of its class, and deserves a place in the library of every practitioner of medicine.

THE METHODS OF BACTERIOLOGICAL INVESTIGATION. By Dr. Ferdinand Hueppe. Translated by Herman Biggs, M.D., of the Carnigie Laboratory. New York: D. Appleton & Co. 1886.

Bacteriological investigations are so new and have so quickly assumed a marked position in the scientific world that the great need of a text-book for the use of students became more and more apparent. The preparation of this work was undertaken at the request of Prof. Robert Koch. It is comprehensive in its scope, and treats fully all the approved methods of investigation, including a discussion of bacteria and microscopic technique, culture methods, septic bacteria, parasitic bacteria and general biological problems.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE. By A. E. Small, A. M., M.D., President of Hahnemann Medical College and Hospital of Chicago, and Professor of Medical Jurisprudence and the Practice of Medicine. Chicago: Duncan Brothers. 1886. Pp. 900. Octavo.

Our veteran author offers to the profession the results of over forty years' experience and observation. In the introductory chapters the pre-disposing and exciting causes of disease are discussed, then follows the usual classification of diseases, and finally the volume closes with about one hundred pages devoted to clinical notes and observations. The book will doubtless have a large distribution with the author's host of students.

LEA BROTHERS & Co. issue the fourth edition of a "Manual of Auscultation and Percussion," by Austin Flint, M.D., LL.D., which embraces the physical diagnosis of diseases of the lungs and heart, and of thoracic aneurism. The present edition has been revised and much improved by the introduction of diagramatic illustrations.

D. APPLETON & Co. publish a thoroughly scientific and carefully prepared monograph by the celebrated Prof. Ultzmann, of the Vienna Policlinic, on "Pus in the Urine and its Treatment." The author strongly recommends local treatment in most of the diseases discussed, and his brilliant results would seem to justify his methods.

THE last volume of the "Clinical Manuals for Practitioners and Students of Medicine," published by Lea Brothers & Co., Philadelphia, is upon "Fractures and Dislocations," by T. Pickering Pick, F.R.C.S., illustrated with 93 engravings. The work is essentially clinical, and is full of that clear and precise information upon the subjects treated which will commend it to the busy practitioner, who can here refresh his memory and obtain also the latest and best ideas without turning over many pages.

"THE Year Book of Treatment for 1885," published by Lea Brothers & Co., Philadelphia, is a critical review for practitioners of medicine and surgery, of the new discoveries in the various departments of our profession during the past year. The pith of the immense amount of information gained by the medical journals of the world is here presented in a highly condensed form in a single small volume.

CORRESPONDENCE.

THE QUESTION OF HOME-TREATMENT FOR THE INSANE.

COMMON SENSE, as well as the unimpeachable testimony of the medical profession (especially those well versed in the nature and treatment of insanity), should convince us that the probability of recovery in any case of mental disease is in a direct ratio to the degree of promptness with which it is placed under proper care and medical treatment.

If, as Dr. Earle's statistics conclusively show, the percentage of cures of insanity is unfortunately small, the statistics of most of our best and oldest asylums also conclusively prove that this unfavorable percentage is very largely due to the lack of early treatment.

Recall to your mind, if you will, the circumstances concerning the earlier stages of any case of insanity with which you may have been acquainted. Were they not somewhat like this? *First*, horror on the part of those related to, or in immediate connection with, the patient—a reluctant dread of admitting even to themselves the fact that he might be insane—time lost here. *Second*, consultation with the family physician; attempts to ward off the impending evil by travel, change of scene and association, etc.—time lost here. *Third*, an attempt at treatment at home, persisted in until the aggravation of the case, the domestic complications arising from its presence in the house, the utter break-down of all available help, and the general unbearableness of the situation generally, has forced upon the patient's family the conclusion that he *must* go to an asylum—more precious time lost. All this unfortunate temporizing may be credited to the following causes, viz., (1) to the dictates of mistaken affection; to an

ignorance of the nature and proper functions of insane asylums; (3) not infrequently to a miserable pride, which rejects asylum treatment as involving disgrace to the patient and his family; (4) frequently, to lack of knowledge on the part of the attending physician, or to lack of firmness in pointing out to the relatives the dangers arising from delay in dealing decisively with the case.

But, whatever its causes, the delay costs the patient the inestimable advantages which might otherwise have accrued to him by the adoption of a prompt and radical course of treatment. In what other formidable disease would the physician be excusable in a temporizing policy; or the patient's friends and family be warranted in resisting, or delaying, the adoption of a well-approved and energetic system of treatment? For, in mental, as in other diseases, the period of inception is that which should meet with the promptest attention; its earlier stages are those which offer the greatest chance of successful treatment.

In almost every case, the first question which has to be decided by the family of the patient, and by the medical adviser, is, *whether the case can be treated at home, or not.*

The general answer to this question is, that a patient *may,* and should be, *treated at home, if the facilities and surroundings are favorable*

These facilities are:

1. A doctor who understands mental diseases.

2. A house, or apartments, sufficiently *ample* for the accommodation of the patient and attendant; sufficiently far *removed* from noises and other disturbing causes; sufficiently *isolated,* so that the patient may not disturb or alarm the neighborhood; properly *ventilated* and *safe.*

3. Entire freedom from any causes of excitement connected with local or domestic associations.

4. Kindness, firmness, courage and good sense in the attendant, or in such members of the family as are obliged to come in contact with the patient.

5. Entire subordination, on the part of every member of the family, to the dictates of common sense, or the expressed wishes of the attending physician, in all matters relating to the patient and their intercourse with him.

Now, a brief glance at these *absolute pre-requisites* for successful home treatment will show you that there are but very few cases which can command all these advantages. By this test, all cases occurring in hotels, tenement-houses, apartment houses, etc., are at once eliminated from the possibility of proper home-treatment.

In very many other cases, happily situated as it might at first seem, certain domestic and local and even personal associations have been so intimately connected with the initiatory stages of the disease as to present an insuperable bar to recovery, if the patient is allowed to remain at home. In some cases, otherwise favorably situated for home treatment *per se,* there are others in the family who may be in feeble health, or who might be unfavorably affected, through sympathy, by the presence of a case of insanity under the same roof. For in such cases, where a physician is called upon to decide this question, he must perforce consider not only the bearings and relations of each member of the family upon the patient, but also the bearings and relations of the patient to each other member of the family. The associations and influences of domestic life are so subtile and reciprocal, that they require a broad and discriminating consideration in a case like this.

You will see, therefore, that the facilities procurable, or the circumstances surrounding a majority of cases, inevitably point to the necessity of their immediate removal from these exciting causes which exist in their home life.

If we consider next the available *moral* influences obtainable at home, in emergencies, *i.e.,* the possession of kindness blended with firmness; courage with prudence; the common sense which knows when to permit and when to restrain; the watchfulness which is never relaxed, yet never obtrusive—all qualities needed by those who come in contact with the insane—we shall find their possession by the members of the average family to be the exception rather than the rule.

And this test, also, eliminates so many cases from the possibility of proper home-treatment, that the remaining cases—which may be considered as safely amenable to such treatment—are found to be absolutely *rare.*

Much of the trouble which arises in attempting to treat these cases at their homes, even where means and affection and benign influences are not wanting, lies in the popular ignorance of the nature of insanity, and the unreasonable fear which people have of the insane. A bomb-shell falling into the midst of a family as it gathers around its dinner-table could hardly produce a more paralyzing effect than the admission reluctantly forced upon their conviction, and confirmed by the family physician, that one of its members is insane.

Happy that family, in that hour of agony and terror, if perchance there be in its midst one stout heart who offers to take charge of the afflicted one; who is not dismayed by his violence; who is not wearied by his importunities, by his frivolities, by his constant demand upon the sympathies; who is not wounded unto death by his unjust suspicions; who, rising above fatigue, keeps active and tireless watch upon the poor sufferer; who knows how to handle with glove of velvet, yet with will of iron; who can steel the heart against what would injure the patient, yet is ever alive with the tenderest sympathy, to soothe and relieve him.

Happier still that family whose *other members,* under such trying affliction, can deny themselves by keeping away from the patient; or who, if they are obliged to come in contact with him, can control their fear, their antipathy, or even their affection, in such a manner that he will be none the worse for their companionship.

Thrice happy that family which, in addition to the services of such an attendant, can furnish the further help of a competent servant, who shall be able to prepare nourishing food and render about the patient's room needed menial services without being afraid of, or being disliked by the patient.

How many families will you find thus prepared and equipped to treat a case of insanity in its midst?

As it generally happens, the moment insanity is declared in any member of a household, from that moment—between the dictates of misplaced affection, and an unreasoning dread of the disease—*the patient has the whole household under his thumb.* Every rule and observance of orderly family life is upturned and diverted from its ordinary course; and the *patient knows it,* and presumes upon it, and harrows the soul of that family, by his exactions and pranks, until it is a veritable hell upon earth.

If this, then, is the case, as it generally is, in greater or less degree—if there be no one stout heart that can keep the family moving along in its ordinary course, and can

yet look after and control the patient—why! there is but other thing to do, *i.e.*, to send the patient to the asylum. *There*, he finds—what? Not a terrified family, to whom his whims are law, and upon whose affections and weaknesses he can play at will; but, a large, orderly family, moving with all the regularity of clock-work. In place of confusion, he finds quiet; in place of anxiety, ill-concealed alarm and sadness upon the faces of his attendants, he finds naturalness and cheerfulness. The change itself is a momentary check to the wild current of his thoughts and delusions. If after awhile the novelty of the new surroundings having worn off, he undertakes to "boss" things as he has hitherto done at home, he gradually finds that he is not the "king-pin," but a very ordinary pin in the economy of the great wheel which revolves so smoothly around him. If he still struggles to assert his supremacy, the logic of facts and the invisible pressure of his new surroundings soon reverse his preconceived notions. Instead of living, as at home, in an atmosphere of friction and excitement, of which he is the centre; he finds himself in the asylum, on the periphery, as it were, of an atmosphere which is quieting and cooling, and which he can in no wise disturb. And so he gradually comes to learn that it is easier for him to float *with* the current than against it. The next thing which he begins to take note of is that he is surrounded by others, like himself, under conditions of rule and surveillance, who manifest ideas and beliefs which are as absurd and inexplicable to him as his own evidently seem to them and to his attendants. In other words, the conviction which gradually comes to him that his companions in duress are the subjects of delusions becomes to him an "entering wedge" of doubt whether his own ideas are not likewise delusions. With doubt, comes the exercise of comparison so far as his mental condition and the pre-occupation of his thoughts permit of it. When his distraught mental powers have quieted down so far as to enable him—even intermittently—to compare himself with the two classes around him, viz., his fellow inmates and the physicians, attendants, etc., the beginning of his cure has commenced.

Meanwhile, it must be remembered, sound common sense and medical cure have been exerting their beneficent influences upon him. A perfect degree of that greatest need of the insane—*physiological rest*—has been secured to him, even though, in some cases, by enforced means. Sleep again visits him with its balmy blessing. Food, physiologically adapted and prepared to his wants, and regularly administered at frequent intervals, together with needed stimuli, sets all the vital functions again into harmonious action and infuses new strength into the previously flagging and almost moribund energies. Fresh air—exercise, which from the very circumstances of the case he could not obtain at home, is here freely afforded with its invigorating effects. And, above all, the constant contact into which he is daily brought with the evidences of a wise, thoughtful and unceasing care for his safety, comfort and recreation, cannot fail to arrest his attention and ultimately to enlist his confidence. And so the case goes on from day to day, the mental *mirage* disappearing as the physical system improves in tone; the phantasmagoria of delusions, hallucinations and illusions gradually fading into thin air; the powers of observation and cognation insensibly formulating that comparison between his own case and the cases of those around him, which is itself the brightest harbinger of returning reason.

I am perfectly aware that there is, at present, a widespread prejudice extant in the community against asylums, and that many persons are so distrustful of them that they would see their friends die, or lapse into hopeless insanity, rather than commit them to tender mercies which they believe to be only cruel. But (excepting from our consideration the larger *county and civic asylums*, which, being hopelessly under the control of politicians, should be enumerated under the head of penal institutions rather than hospitals for the insane), I cannot but feel that, despite all their short-comings, our various State and private asylums are governed by men of high professional ability and of humane impulses. Their defects are those inherent in their organization; and the average character of their attendants for carefulness, humanity and honesty is quite as much as can be expected from average human nature on small wages. "You can't expect *all* the cardinal virtues for seven dollars a month 'and found,'" said the soldier in self-exculpation before a court-martial for drunkenness; and we cannot expect the humanity of a Pinel, the tireless activity of a Conoly, the wisdom of an Earle, in an attendant, who, for a less sum per month than we pay an ordinary domestic servant, is responsible day and night for the safety, care, amusement, etc., of many lunatic patients; whose reiterated importunities he is unable to gratify, whose pranks and whims he must restrain as best he can, whose every movement must be watched; in whose unhealthy companionship he must spend every waking and sleeping moment, rendering menial duties, always onerous and frequently disgusting. Human nature has its limits. Not one in a thousand is born for such work; the rest tolerate such a life-work from necessity. The only wonder is that they do as well as they do. People talk about the need of constant sympathy and tenderness in treating the insane; yet, let the average family be tied down for month after month to the companionship and care of a single lunatic, and you will soon find them breaking down through pure weariness of flesh, into some degree of harshness or indifference. And if filial or maternal affection sometimes rises superior to the fatigues of such a severe strain, "the exception proves the rule."

And therefore, in the face of all the present outcry against asylum abuses, we state our belief (1) that the domestic circumstances and surroundings of by far the greatest number of cases of insanity are altogether unfavorable to proper home-treatment; and (2) that the recognition of this fact by the public, resulting in a prompter sending of acute cases to the nearest asylum (county and city institutions excepted) would tend largely to decrease the number of deaths, or of the chronic cases of insanity which now cumber these hospitals.

The duty of the physician in each acute case presented to his notice is (1) to determine the fact of insanity clearly to his own mind; (2) to bring that fact promptly before the comprehension of the patient's family; (3) to decide, with equal promptness, whether the conditions of family life and relations are such as to offer a fair chance of recovery under home-treatment; and if not, (4) to insist firmly on the patients being placed under proper asylum care with as little delay as possible. This—without the slightest reference to the profit which might inure to him in the case of home-treatment—is his duty.

HENRY R. STILES, A.M., M.D.

NEW YORK, March, 1886.

—There is nothing so strong and safe in any emergency in life as the simple truth.—*Dickens.*

OUR LONDON LETTER.

To the Editors of the N. Y. Medical Times:

YOUR printer's "devil," usually so very kind to me, played a small trick with the copy of my last letter. Dr. Lauder Brunton's homœopathic "convergings" I know not: *conveyings* was the word I wrote. Dr. Brunton will be sorry for these same homœopathic conveyings before he is done: not that I think he is at all likely to repent in the wholesome way and be sorry that he has done a mean thing in keeping himself to the works of others, without acknowledgment of their source, and with nothing but abuse of their authors, or that he is likely to bring forth fruits meet for repentance and make the *amende honorable*. No; his reward will be of a less profitable kind—the reward of the man who has been found out. Dr. Dudgeon has followed up "medical boycotting" by a letter addressed to the "*President, Censors, Council and Fellows of the Royal College of Physicians of London*," in which he draws the attention of these eminent persons to Dr. Brunton's *Text Book*. Now, Dr. Brunton is their examiner in materia medica, and, therefore, they are in a way answerable for his book. Dr. Dudgeon reminds the authorities of the college of their bearing toward homœopathy in the past, and then shows them that things have altered, and that they have really become converted to homœopathy without knowing it. The letter is published in this month's *Homœopathic World*, and will be reprinted for distribution.

The party of action among us is gradually forming the plan of its opening campaign. The people are to be instructed in the truth and advantages of homœopathy, and are to be shown the injustice of the treatment accorded to it by the dominant majority. It is a historical fact that when the early representatives of homœopathy in this country adopted this plan of appealing to the people, the converts among the profession were very numerous. As soon as this policy was given up, and the profession was appealed to directly, progress was stopped. The profession liked that; they patronized, snubbed and boycotted homœopathists. They use homœopathy in a sneakish kind of way, but they refused to step out boldly and say that homœopathy was true and that they had been wrong in opposing it. We are returning to the old paths.

In your kind notice of my little work "The Prescriber," you state that it was compiled for my own use "*during my transition from the old to the new therapeutics.*" This is an error; and I fear I must have expressed myself unclearly in my preface. I said that in my transition stage *I felt the want of such a book*; and that this book was an endeavor to supply "what I then felt and still feel" to be a want. I further state that "I have set down nothing that I have not fully weighed in my own mind, and, in a great measure, tested in my own experience." This, of course, could not be the case if the book had been compiled during my transition state. As a matter of fact, it has only just been compiled, and it contains the outcome of nine years of homœopathic study and practice, arranged in such a way as to help those who feel the difficulties I felt nine years ago.

It is announced that at the next annual meeting of the British Medical Convention, Dr. Austin Flint will deliver the address on medicine; and it is believed that this is a sign of the burial of the hatchet that has been vigorously bandied about between old and new codists of late. It is expected that a peace will be patched up, and that, after all, an International Medical Congress will be got together at Washington in 1887. Somehow or other I can't help being reminded by this newly-made friendship—of the friendship that was made on a certain day between King Herod and Pontius Pilate.

Talking of International Congresses, reminds me of our own at Brussels in the beginning of August. I hope we shall have a strong American contingent; and I can promise all who have not seen it that Brussels is a city well worth the seeing. It is by no means too soon for intending visitors to make all needful preparations.

Yours truly, JOHN H. CLARKE, M.D.

15 St. George's Terrace, Gloucester Road, S. W., London, March 2, 1886.

CERVICAL STRAIGHTENER.

THE veteran Dr. Molesworth has devised an instrument for straightening all flexions and curvatures of the cervic a canal.

The instrument consists of a small flexible tube, that cannot elongate, whichl is given any curvature desired, and carried into position by the aid of a flexible copper wire, after which a small straight metallic rod with a movable point is gently forced through the flexible tube by screw power.

Hæmorrhoids.—A correspondent of the *Canadian Practitioner* gives the following amusing skit on "Piles"—

"The Piles! Aha! I knew them well, each feature, though I may not see 'em, Old foes, which fume and fret, and swell, And vex and plague my perineum. You blush at mention of a 'pile,' And would, perhaps, the theme avoid; Well, then, suppose to put on style, We call the thing a hæmorrhoid. Though bearing an ill-omened name, It seemed as if they might not pain us, When first, as visitors, they came, And took up lodgings in the anus. But now, at each succeeding bout, The pelvic pains appear distincter, And there can be no longer doubt Of their relations with the sphincter. You ask me by what obvious signs One may with certainty detect 'em. Well, I can only say that mine Are like a hornet in the rectum, Which, having wandered from the way, And angry at the situation, Stings right and left while yet it may, And tortures one in defæcation. 'Avaunt! it is a vulgar rhyme.' Yet, stay! there must be means to cure 'em! Oh, yes, if you but give them time, And meantime patiently endure 'em. There are a thousand cures, you know, All certain sure, as a dead shot candy. 'Tis well to buy a score or so, And lay them by to have them handy; And when the hornet's rage is spent, And things assume their wonted quiet, The cure, though it may not prevent, Will quickly quell the painful riot."

The Sources of Malaria.—Before the Canada Medical Association (*Med. News*, Oct. 3, 1885), Dr. Arnott, of London, Ont., read a paper on this subject, in which he emphasized the opinion that heat and moisture are really the only essentials required to propagate malaria independent of the presence or absence of organic matter.

TRANSLATIONS, GLEANINGS, ETC.

RACHITIS.

DR. READ thinks the earlier manifestations of rachitis are apt to be overlooked, and that the simple catarrhal diseases, especially bronchitis and diarrhœa, would not appear so frequently in the death lists if they occurred in healthy children. On examination, rachitis will be often found as the silent factor in the production of such fatal results. Rachitis is second to tuberculosis only, and not far second as a general or constitutional disorder of childhood—more so than struma, syphilis or simple atrophy. It is not a congenital, but a development disorder, brought about by exterior surroundings, although it may be developed in those children who have an inherited tendency to other diseases. Its great frequency, its violent modification of unimportant diseases, and its injurious tendency if not recognized and treated early, render the disease of peculiar interest. It may be defined a general disease, not hereditary or diathetic (Dr. Brown in a study of 100 cases as to the cause: (1) Dietetic, (2) hygienic, (3) diathetic, believes the latter to be the most potent one, the others being rather exciting causes), affecting the nutrition of the whole body, arresting natural growth and development, preventing and delaying ossification, retarding dentition, causing the bones to become soft, and to yield to pressure, and the muscles and ligaments to waste, and in many cases producing alteration of the brain, liver, spleen and lymphatic glands. Insufficient and especially unsuitable food, and want of fresh air and sunlight are the two causes to which rickets may be charged. It usually commences at the time of weaning, due to the replacing of the mother's milk by starchy foods, in kind and quality, as to impair assimilation, and the morbid process is set up. Too long nursing and illy-ventilated rooms are also exciting causes. It is seldom seen under one year of age and almost never under six months. There is no connection between rickets and syphilis,* while the tubercular diathesis seems to yield a protective influence against rickets. The first and chief pathological change in the disease is the generation of lactic acid in the deranged digestive organs, which excites irritation of the osteo-plastic tissue, and at the same time dissolves and helps to eliminate the calcareous tissue already formed. The bony structures, as we know, bear the brunt of the disease, but all the tissues of the body are more or less affected.

The prognosis is good if the disease is recognized early; it is rarely a primary cause of death, but, as a secondary cause, it is second to few of the diathetic diseases. Dr. Bohn says that rachitis in itself is a curable disease, but its several complications will often lead to a fatal result.

This latter author also remarks that it is wrong to base a diagnosis of rickets entirely upon evidence received from changes in the skeleton. Deficient nutrition, in the first and second years of life, prepares and develops rachitic lesions, and enables one to forecast the disease. This deficiency may co-exist even with apparently good development of muscular and fatty tissue, other essential elements being absent; and, in children who are nourished at the breast as well as those who are brought up on the bottle, or the different infant foods. In regard to the soft spots of the cranium (craniotabes), he believes that such defective ossification is positive evidence of existing rachitis. The differential diagnosis between rachitis and syphilis may be difficult. In both are found periosteal and epiphyseal thickenings of the ribs and long bones. In both, the disease may develop during fœtal life or just after birth (Dr. Read says it very rarely appears under six months of age). In both, soft spots on the cranial bones are found, though far less frequently in syphilis than in rachitis, and it is also to be remembered that syphilis is usually attended by other well-known symptoms, which are peculiar to itself.

The first symptoms (Dr. Read) are sweating about the head, feverishness at night, a tendency to kick off the covers at night on the part of the child, indigestion, grinding of the teeth, diarrhœa alternating with constipation, pasty dull complexion, circles under the eyes, and tumid belly—such cases are nearly always incorrectly treated for worms. Next the child becomes cross and suffers pain from handling. The stools are large, pasty in consistence, offensive in odor, and contain large quantities of indigested materials, as well as slime and greenish masses. Flatulence is common. The urine becomes very acid. The bones of the upper extremities are affected first, and first of these usually are the ribs. The skull in the majority of rickety children is too large. Two principal varieties of large heads are met with in children—the cyclocephalæ, or round heads, almost always belonging to the tubercular children, and the dolichocephalæ, or long heads, almost as invariably belonging to rachitic children. Long heads mean increase of the solid contents of the skull, and round heads mean increase of the liquid contents of the skull. The symptom of craniotabes is found in a certain number of cases. In a large majority of the cases the evolution of the teeth is retarded till the tenth, twelfth or fifteenth month, and they quickly blacken and crumble away.

We find several writers referring to the treatment, all of them calling especial attention to the need of strict hygienic surroundings. Starchy foods should not be given in excess, and saccharine substances should be avoided. Finely chopped beef, fresh eggs, peptonized milk, and animal broths with stale bread and fresh butter are allowable. Flannel should be worn summer and winter. Iron, cod-liver oil, and the phosphates and carbonates of lime are recommended. Kassowitz, of Vienna, in 1884, as the result of personal observation, stated that phosphorus in small doses given to growing animals retarded the normal bone, and cartilage softening and a retardation of the normal vascularization of this tissue resulted as a consequence. This *suggested the propriety of its use* (italics ours), among rachitic children; widely open fontanelles closed in a very short time, rachitis of the ribs and the extremities disappeared, sweating of the scalp and spasm of the glottis were brought promptly under control. The phosphorus was given in 0.005 to fifty parts of sweet almond or olive oil. Of this a teaspoonful was given daily, the dose being gradually increased to two teaspoonfuls. Griebsch, of Berlin, in following out this treatment reports forty-one cases treated. Of these four recovered, eleven were improved, in eight the improvement was not positive, in twelve there was no improvement, and in six harm appeared to have resulted from the treatment. In a large portion of the cases in which there was a cure or improvement, the treatment extended over a long period of time, and salt baths formed an important adjunct. Among the cases treated there was also deaths, complications and increased severity in some cases.

Thirteen out of seventeen authors who have tried this treatment report better results from it than from any other. Notwithstanding the objection of Baginsky, that the favor-

* For opposite opinion, see translated article Rachitis *vs.* Syphilis, U. S. Med. Invest., vol. 12-334.

XUM

able effect in cases which have been reported is due to the influence of phosphorus upon the nervous system, and the statement of Schwechten, that it is due to the modifying influence of a good diet, Hochsinger, of Vienna, believes that phosphorus has a direct action upon the morbid process in rachitis. He quotes four hundred and eighty-seven cases seen by him during the year 1884, and placed upon the phosphorus treatment, many, however, being seen only once, others being under observation from one to eight months, the majority being under treatment from one to three months.

The ages of the patients varied between six months and less, and twelve years, and all the varieties and complications of the diseases were observed and studied. In 47 cases, the result was excellent; in 192, very good; in 236, good, and in 12, delayed. In not a single case was the patient made worse by the drug. The dose was a very small one, one-half a milligram daily, in a suitable (*i. e.*, in accordance with the age of the patient) quantity of cod-liver oil, sweet almond oil or olive oil. Symptoms which were relieved to a marked degree, after a course of treatment, varying in duration with the intensity of the conditions, were craniotabes with dilated fontanelles, spasm of the glottis, chorea and other disturbances of the nervous system, delayed dentition, and difficulty in locomotion, and in the action of the thoracic viscera, owing to imperfections in the skeleton.

Rehn, in the section on Pedriatics of the International Medical Congress at Copenhagen, speaks of the "so-called acute rachitis and its place in the nosological system." The condition was described by Möller, of Königsberg, twenty-five years ago, as an unusual form of rachitis, while others looked at it as multiple osteitis, or a myelo-periosteitis. Rehn observed the disease in children, within the first or second year of life, without any predilection for sex. At first, there was great restlessness, with evidence of pain on motion and when handled. These were followed by swelling of the ends of the bones or the diaphyses, until they reached double the normal size, with fever of a more or less intense character. The lower extremities were usually affected, less frequently the upper extremities, and in rare instances the ribs. The soft parts covering the affected bones were œdematous, the skin being at times red: there was exquisite tenderness to pressure, and dread of either active or passive movement. Later, there was loss of motion, though the joints remained intact. Other symptoms, not appearing in all cases, were: bluish discoloration and swelling of the gums, also swelling of the upper jaw, similar to the long bones; profuse sweating about the head; muco-sanguinolent stools, resembling those seen in ulcerative catarrh of the large intestine; cough, with weak and frequent pulse; no appetite, thirsty, restless, anæmic, emaciated, and not inclined to sleep well. The urine was without albumen or sugar, and the blood-corpuscles were normal. The disease has a chronic course, with variable phenomena, and remissions of local and general symptoms alternating with exacerbations. The duration depended upon diet, dwelling and care, as well as treatment, three to five months being the usual limits. One case relapsed at the end of a year. In many cases the cause could be traced to errors of diet, or bad hygienic surroundings; in others, no efficient cause could be detected. It occurred most frequently in winter and spring. The majority of cases recovered, the bones eventually presenting no evidence of the enlargement which had been present. English observers report the pathological conditions, giving rise to the swellings, to be subperiosteal effusion of blood, and think that the disease might be considered as a combination of scorbutus and rachitis. The author agrees with this only in part, for in Germany scorbutus is rarely seen, and in several instances, the ordinary cause of scorbutus, namely, bad nutrition, was not present. Further investigations are necessary in those countries in which scorbutus is not endemic; this would probably confirm the English view, or show it to be a new disease, depending, more or less, upon a hemorrhagic diathesis. It would also be interesting to know why it is limited to children in the first two years of life. The author could not find any relation to true rachitis, syphilis or the hemorrhagic diathesis in the cases under his observation. He thinks that it is probably attributable to scorbutus, and that the name acute rachitis should be dropped, as it is believed that the pathological process has nothing in common with that of rachitis.

In the discussion which followed, Fürst (Leipzig) thought it was premature to say that this was a disease of the hemorrhagic diathesis, or of scorbutic character, which had no intimate relation with rachitis. Autopsies had been too infrequent to determine this point. While the present clinical symptoms of the disease led him to believe that it was an acute initial, or an exacerbation stage of true rachitis, he thought it was possible for the future to establish the disease *sui generis*.

Hirschsprung (Copenhagen) did not believe the name justifiable: although he thought there was a partial relationship between the disease and rickets, he was not able to define it. Nor could he admit the theory of scorbutus, for in a practice which extends over many years he had never seen a case of scorbutus in a child, and in many works on pedriatics the disease was not mentioned. Indeed the anti-scorbutic treatment had been tried in many cases without any benefit. The source of the subperiosteal hemorrhages, in the pathological specimens presented, was to be sought in the thickened and congested periosteum which stood in loose relation with the underlying bony tissue. It was doubtful if this hemorrhage occurred in all cases of "acute rachitis."

Rauchfuss (St. Petersburg) had only seen a limited number of cases in his practice. He thought it doubtful if the hemorrhagic processes observed could be attributed to scorbutus. Many of the cases reported seemed to him to be rachitis complicated with hemorrhagic diathesis. Others evidently had but slight relationship with rachitis, and there were still others in which that relationship did not seem necessary or probable.—T. M. S., *from Archives of Pedriatics.*

The Genetic Affinity of Bacteria.—Dr. C. Fisch believes that the assignment of bacteria, Schizomycetes, to the fungi rests on an unsound morphological basis, the physiological resemblance in the absence of chlorophyll not being sufficient of itself to determine the question. The developmental history certainly furnishes more conclusive evidence in the other direction. The nearest affinity of the bacteria lies unquestionably with certain green unicellular plants, oscillatoria, etc., included under the Schizophyta, or Cyanophyceæ; and these together form a natural group with no close affinity to any group of fungi. This observer is of opinion that at present the Schizophyta must be regarded as displaying the nearest genetic affinity with the Flagellata, most of which seem closer allied to the animal than the vegetable kingdom.

How to Treat Wounds of the Fingers.—Every physician, no doubt, feels satisfied that he knows perfectly well how to treat finger wounds, yet Dr. John Kent Spender seems to think that he knows enough original about the subject to warrant him in publishing an article in the *British Medico-Chirurgical Journal* for June. He believes in properly dressing such wounds and then letting them alone, and the prime element in his proper dressing is the *absolute exclusion* of air. To illustrate his method, he relates the case of a man whose third and little fingers were cut by machinery; the last phalanx of the third finger was almost separated. The flow of blood was checked with circular pledgets of lint; next he fastened the arm and hand to a board and suspended the whole limb in a sling; and the last step of these preliminary proceedings was to send the patient home to recover from the shock, with the help of warm food and a little sleep. Four hours afterwards he visited him and dressed the injured fingers in the following way:

Firstly, the pledgets of lint, stiffened with dry blood, were soaked in water and gently removed. No foreign body of any kind was found. The fingers were thoroughly cleansed. The nearly separated portions were brought into juxtaposition and retained *in situ*, while a circlet of boric lint was applied. Each finger was laid upon a bed of absorbent cotton wool tissue, which just met on the dorsal side; then a liliputian bandage of thin, soft calico was put around, with moderate pressure, and the turns of bandage were brushed over with the gum acacia of the British Pharmacopœia. Finally, each finger was put into a cradle of gummed paper, which was moulded while soft, and then dried in the gradual heat of the oven. These light and simple shields kept the fingers apart, and guarded them from further accident.

The wounded fingers were not undressed until eleven days had elapsed from the date of the accident (during all of which time the weather was very hot); and when exposed to view the healing was found to be complete, and the fingers were of their natural size, though, of course, a little shorter than before the injury. The tender cicatrices were protected for a few more days with ordinary plaster and the work was finished.

Microbic Statistics.—According to the microbic statistics published by M. Miquel in *L'Annuaire du Bureau des Longitudes*, the bacteria dispersed in the atmosphere vary during the different seasons of the year. It is increased by north and east winds. At Montsouris, in a cubic metre of air, there are, in winter, 260 bacteria; in spring, 495; in summer, 650; in autumn, 480; giving an annual average of 471. In thickly populated districts the proportion of microbes in the air is much larger. Seaside towns and those situated among mountains are the freest from bacteria; a closely packed population aids to engender and develop these organisms. Berne, although the mountain air constantly sweeps through its atmosphere, is by no means free from the presence of bacteria. According to Freudenreich's researches, the monthly average is 580, four times as pure as the air of Paris (2,020), but inferior to that of Montsouris (420). M. Miquel analyzed the air of a room in an old house in the Rue Monge. The analysis was made in the morning, before any door or windows had been opened. In winter a cubic metre of air contained 45,000 bacteria; in spring, 26,600. The increased proportion in winter is in consequence of not opening the windows so much as in summer. In the wards of the Hôpital de la Pitié, which are ventilated, there are 92,960 bacteria to a cubic metre in winter, and 54,110 in spring. In a new house in the Rue Monge a cubic metre of air contained, in winter 3,120 bacteria; in spring, 3,660; in summer, 4,560. The proportion varies according to the hours of day; from 12 to 1 o'clock, there are 62 bacteria per cubic metre; from 2 to 3 o'clock, 102; from 3 to 4, 130; from 4 to 5, 128: and from 6 to 7, 148. The largest proportion occurs at sunset and sunrise. The following gives an idea of the relative purity of different atmospheres: Ocean air, 0.6 bacteria per cubic metre; mountain heights, 1; the saloons of vessels, 60; the top of the Pantheon, 200; Parc Montsouris (the average of five years), 480; at Berne, 590; Rue de Rivoli, Paris, 3,480; new houses at Paris, 4,500; Paris sewers, 6,000; the laboratory at Montsouris, 7,420; old houses, 36,000: the new Hotel-Dieu, 40,000, the Hôpital de la Pitié, 79,000.

Toxic Action of Cocaine.—Dr. Ziem, of Dantzic, writing to the *Alls. Med. Zeitung*, says that seventeen cases have been recorded in ophthalmological literature in which toxic effects followed the use of cocaine. In three it was injected hypodermically, and in fourteen dropped into the conjunctival sac. The cases have been described by Peck (1), Mayerhausen (1), Stevens (1), Reich (2), Knapp (3), Heuse (4), and Bellarminoff (5). In some cases the symptoms have been transient, consisting of pallor of the face, giddiness, and sweating of the face or neck. In others, there have been dyspnœa, great feeling of prostration, malaise, and apathy, lasting sometimes for several days. Vomiting and headache have been rarely present. In one case, the application of fifteen drops of a two per cent. solution to the conjunctiva was followed by tottering gait, difficulty of speech, confusion of the mind, and extraordinary restlessness; and, in another, the subjunctival injection of about eight drops of a 3.5 per cent. solution produced convulsions and loss of consciousness. The strength of the solution used was four per cent. in eight. cases, 2.5 per cent. in four, and two per cent. in three or four others. The quantity generally varied from two to four drops. The subjects were, in some cases, feeble, aged women; in others, they were strong and healthy individuals, both male and female.

Pulmonary Tuberculosis.—The treatment used by M. de Renzi, of Naples, on seventeen men and fourteen women suffering from this disease was the following:—I. Interior: Tonics (*quinquina, phosphate of lime*, &c.); and antiseptics (*creosote, alkaline carbonates, iodoform*, &c.). II. Exterior: Inhalations of ozone, nitrous vapors, iodoform, terebenthine, expirations in rarefied air, followed by inspirations of compressed iodine. The results were that one case was completely cured, two greatly relieved, three others were slightly benefited, 12 remained in their former condition, and 3 died. [In view of these statements the treatment is worthy of consideration.]

Tea.—The *Chemical News* says that to make tea fit for the gods in which all the aroma is brought out in greatest delicacy, pour boiling water on the leaves and let it stand for seven or eight minutes, and then pour off the infusion. This will contain the aromatic oil, the theine, more than one-half the inorganic constituents, and about one-third the astringent and bitter tannic acid.

XUM

Treatment of Chlorosis.—(Jousset, *Bul. Soc. Med. de France.*)—*Ferrum :* Extreme pallor, with active flushing on the slightest effort; dyspnœa and palpitations; anorexia, especially for meat; with desire for acids; nocturnal vomiting of food, constipation, amenorrhœa, extreme fatigue and œdema of the extremities. I prefer from experience the insoluble preparations; ferri limatura purificata, ferri pulvis, given in the crude state, or 1st dec. trit. 0.05 is the largest dose I give, preferring it to be taken before the two principal meals of the day. Larger doses not being absorbed, should not be given, and are often the cause of failure.

Iron is contra-indicated by cough, diarrhœa and menorrhagia. Trousseau has shown that pulmonary phthisis can be produced by a ferruginous treatment.

Arsenicum : This produces disorganization of the blood globules and hemorrhages, and is a remedy for chlorsois with menorrhagia. The 3d dec. trit. is generally sufficient, more rarely the second serves better. However, the treatment ought to be continued for a long time, between the menstrual epochs, commencing upon the fifth day if they have not ceased by that time.

Argentum nitricum or oxydatum : This remedy is comparatively a new one, but well indicated both in its pathogenesis and by experiments upon animals; it affects the red globules, produces menorrhagia, but also amenorrhœa, cephalalgia, anorexia, and gastralgia, the latter condition contra-indicating iron in large doses. Thus I give the silver when iron causes pains in the stomach, whether it be a case of menorrhagia or not, but I cannot give more precise indications.

Cuprum : This has been used because women working in copper become chlorotic, and among the symptoms of this drug we find cramps in the stomach, and hysterical symptoms. Clinical results are, as yet, unreliable.

Pulsatilla : This is an important remedy, and shows in its pathogenesy many of the symptoms of iron; pallor, chilliness, palpitation, various neuralgic symptoms, indifference and indolence, anorexia, nausea and vomitings; menses retarded, pale (rarely dark blood) or suppressed; dysmenorrhœa, menses replaced by a leucorrhœa, the characteristic indications being the indolence, the aversion to movement and the chilliness. We are too often inclined to believe that iron is indispensable in the treatment of chlorosis, but I have seen pulsatilla alone cure many cases, thus opposing the chemical theory of the constitution of the globules with iron, which, if true, would necessitate iron in every case. I have found great advantage in following the advice of Hartmann, so that I give pulsatilla 6 x during the week preceding the menses, and sulphur 30 during the following week.

In very obstinate cases we must not forget the beneficial results of hydrotherapy—a treatment which strengthens the vegetative forces, and is of service in hysterical patients with a depraved condition of nutrition. Sea-baths, mineral waters (Spa), and especially springs which, like St. Moritz, offer the additional advantage of a high altitude.—[T. M. S.]

Care of Patients Suffering from Prostatic Enlargement.—Dr. Guyon in an interesting article in *Annales des Maladies des Organes Genito-urinairies*, gives the following precautions:

1. Avoid all causes inducing chilliness or cold, local or general.

2. Absolutely refrain from dinner or wine parties, and repress the abuse of alcoholic drinks, salt meats, gamey foods, oysters, asparagus, beer, white wines and champagne. Not only alcoholic drinks should be avoided but also the so-called mineral waters.

3. The prolonged and voluntary retention of the urine should be guarded against.

To disregard a desire to urinate is to induce retention, cystitis, etc.

4. Coition should occur but rarely, remembering the ancient proverb, *non morari in coitu.*

5. Do not forget the injurious influences of the horizontal decubitus and prolonged rest at night. Do not remain too long in bed. Before retiring and on awakening a twenty minutes promenade around the room is beneficial. Sedentary habits during the day are to be avoided, also horseback riding or jolting railway cars. Constipation should be combated not with drastic cathartics, but by lukewarm injections. These rectal injections often allay congestion, and may be used with profit before retiring at night.

5. Keep the functions of the skin active by dry frictions and massage. Warm baths should not exceed fifteen minutes.

Adonis Vernalis.—The action of the adonis vernalis was first studied by Bubnoff, who published some observations on its clinical uses in 1881. More recently, however, some further observations have been made, an account of which is given in the Naples *International Journal of Medical Sciences*, by Dr. Gastano Traversa. The following are some of the more important conclusions at which he has arrived: The drug increases and strengthens the contractions of the heart. It causes the cardiac sounds and especially systolic and presystolic murmurs to become more distinct. It diminishes the size of the heart. It usually slows the pulse. It increases the quantity of urine passed from three or four hundred to two or three thousand cubic centimetres per diem, the specific gravity being diminished, also the total diurnal quantity of chlorides and urea. Albumen, where it exists, is diminished, likewise casts, except where actual disease of the kidneys exists. As the quantity of urine increases, the weight of the body diminishes. Œdema also is diminished. The drug has also a considerable effect on various morbid conditions connected with cardiac disease, as cyanosis, dyspnœa, palpitation and cough.

A New Antagonist to Alcohol.—The kola nut of Guinea, or gara nut of Soudan, the fruit of the sterculia acuminata, cola acuminata of Daniell, has recently assumed a new importance by its remarkable property of antagonizing the effects of alcohol. It has long been known that the kola nut contains caffeine, to which may be attributed the lessened desire for sleep and sense of physical well-being caused by the consumption of it; for which reasons it has long been extensively and highly valued throughout a large portion of Africa. Unlike the coffee bean, however, it contains no tannin. It has recently been discovered that when chewed, it antagonizes the effects of alcohol, and constant use of it said to dissipate the desire, even in old drinkers. Whether it is superior to the aromatic spirits of ammonia for the treatment of an "acute drunk" is not yet definitely known. The nuts are much more available for constant use, however, than any liquid, and if the claims put forward be true, the "diner-out" by taking a few of them along with him, need not be disturbed by thoughts of the next morning's headache.—*The Medical Record.*

XUM

Overwork and Premature Disease Among Professional Men.—In the ninth of the Toner Lectures, instituted by Joseph M. Toner, M. D., of Washington, D. C., Dr. Charles K. Mills reaches the following conclusions, taken from the publications of the Smithsonian Institute:

1. Intellectual work does not of itself injure health or shorten life, but mental overwork, particularly when associated with emotional strain, is a frequent cause of prenervous break down and premature disease.

2. The average longevity of men in the higher walks of public life is less in this country than in England. Politics here is not, as there, in the best sense a vocation; and our public men, in many cases, succumb in health, or fail to attain long life, because they go into careers unprepared, by inheritance, education and training, for the severe demands to be made upon their powers.

3. Health and life are sometimes lost through forgetfulness of the fact that mental strain and overwork are particularly dangerous to those in middle life or advanced in years who attempt brain work and responsibilities to which they have not been accustomed. The effects of suddenly imposed mental strain upon these classes are especially disastrous.

4. If not subjected to unusual mental or physical strain, public or professional men, as well as those in other walks of life, although afflicted with organic diseases, may live in comparative comfort, and able to do a moderate amount of work, for many years.

5. Among special causes of premature disease in public life are onerous and perplexing duties on congressional committees, the uncertainties and disappointments attendant upon public positions, the great strain to which candidates are subjected during political campaigns, lack of recreation, and social excesses and abuses at the national capital.

6. Among physicians, lawyers, and journalists the performance of brain work under pressure for time, and under bad hygienic conditions, is a common cause of ill-health. Defective education and pecuniary harassments are also special causes of nervous break-down and premature disease among physicians and lawyers.

7. Comparatively few clergymen succumb completely to mental overwork, although many suffer from a mild but annoying form of neurasthenia.

8. The danger to the scientific worker usually arises from too intense and too prolonged activity of the mind in one direction.

9. The system of severe competitive examinations in vogue in many communities saps the health of both teachers and pupils. In our schools generally educational methods are bad, recreation is too much neglected, and unhealthy emulation too much encouraged. Education is not properly individualized.

10. Chronic neurasthenia is not common among men prominent in public affairs and in the professions. Such men are, however, sometimes the victims of a severe acute nervous prostration, which may result in serious organic disease.

11. Nervous strain is one of the causes of lithæmia, which is of not infrequent occurrence among public and professional men, but lithæmia and neurasthenia are not interchangeable terms.

12. The warnings of mental overwork and overstrain vary with individuals and circumstances, but certain psychical symptoms, and such physical symptoms as immobility of countenance, diminished resisting power, heart failure, sleeplessness, cervico-occipital pain or distress, and dyspepsia are of most frequent occurrence.

13. Insanity, particularly in the forms of melancholia and paretic dementia, is sometimes developed by mental overwork. A family history of insanity is often present in such cases.

14. Phthisis, diabetes and Bright's disease are among other diseases most likely to be developed by mental overwork. Men in whose families phthisis is hereditary should carefully guard against such overwork.

15. Overtaxing the mind and nervous system may be the exciting cause of almost any serious disorder to which chance, accident, imprudence or infection exposes the individual.

16. Many diseases, not nervous in their seat or manifestation, are developed directly or indirectly as the result of mental and nervous strain through exhaustion, impairment or lesion of the centres of the organic nerves.

How Artificial Teeth may do Damage.—Another agent in the combination to maintain for the man of advancing age his career of flesh-eater is the dentist. Nothing is more common at this period of life than to hear complaints of indigestion experienced, so it is affirmed, because mastication is imperfectly performed for want of teeth. The dentist deftly repairs the defective implements, and the important function of chewing the food can henceforth be performed with comfort. But, without any intention to justify a doctrine of final causes, I would point out the significant fact that the disappearance of the masticating powers is mostly coincident with the period of life when that species of food which most requires their action—viz., solid animal fibre—is little, if at all, required by the individual. It is during the latter third of his career that the softer and lighter foods, such as well-cooked cereals, some light mixed animal and vegetable soups, and also fish, for which teeth are barely necessary, are particularly valuable and appropriate. And the man with imperfect teeth who conforms to nature's demand for a mild, non-stimulating dietary in advanced years, will mostly be blessed with a better digestion and sounder health than the man who, thanks to his artificial machinery, can eat and does eat as much flesh in quantity and variety as he did in the days of his youth. Far be it from me to undervalue the truly artistic achievements of a clever and experienced dental surgeon, or the comfort which he affords. By all means, let us have recourse to his aid when our natural teeth fail, for the purpose of vocal articulation, to say nothing of their relation to personal appearance: on such grounds the artificial substitutes rank among the necessaries of life in a civilized community. Only let it be understood that the chief end of teeth, so far as mastication is concerned, has in advancing age been to a great extent accomplished, and that they are now mainly useful for the purposes just named. But I cannot help adding that there are some grounds for the belief that those who have through life, from their earliest years, consumed little or no flesh, but have lived on a diet chiefly or wholly vegetarian, will be found to have preserved their teeth longer than those who have always made flesh a prominent part of their daily food.—*From "Diet in Relation to Age and Activity," by Sir Henry Thompson, in "Popular Science Monthly" for Aug., 1885.*

Aphasia.—(Dr. M. Jousset, *L'Art Med.*)—Aphasia is a condition characterized by a diminution or perversion of the normal faculty of expressing ideas by conventional signs, or of comprehending these signs, notwithstanding the possession of a fair degree of intelligence, and the integrity of the sensorial, nervous or muscular apparatus concerned in the expression or the conception of the signs. There are two classes of aphasics: (1) *Sensorial aphasia*, when the patient no longer perceives the word spoken—verbal deafness; or the word written—verbal blindness. (2) *Motor aphasia*, when the patient is not able to articulate, *motor-aphasia, properly so-called*; or when he is no longer able to write, *agraphy*. These four symptoms depend on lesions of the left cerebral hemisphere, and are rarely isolated.

Verbal blindness is a sensorial aphasia, or one of reception, and is characterized by the more or less complete abolition of the memory or symbolical signs. The patient whose eye is normal can see but cannot read, although he can clearly distinguish the outlines of the words and the letters. There are different degrees of verbal blindness: one can recognize the letters or a certain number of the letters, but he cannot read the words; another sees the letters, but he cannot comprehend their collective sense; while a third neither recognizes the letters nor can read. Writing seems to be easier read than printing. This blindness may extend to other signs than letters. Some patients can only recognize figures; others suffer from musical blindness; they can no longer read the notes, although they can play an air from memory, or can compose. The greater number of patients suffering with verbal blindness are able to play cards or dominoes. A singular fact is, that the patients, when not attacked with concomitant agraphy, are able to write correctly enough; only they write without reading, and if they are interrupted, the commencement of their letter must be read to them, when they can continue it. A patient has been known to write as well with the eyes closed as when open. Others could copy correctly, but could not understand it. All the cases so far reported have been accompanied with right hemianopsia, or at least a narrowing of the visual field; some patients, but relatively rare, can write only on the left side of the paper, the part not corresponding with the obscured field of vision. All patients attacked with verbal blindness do not suffer to the same degree. Some can decipher what is before them, but with great difficulty; thus a patient of Prof. Charcot's could read a printed line in eight minutes, and the same line in running hand in three minutes. To accomplish the latter he traced in space with his right index finger each successive letter and was able in this way to recognize it. Verbal blindness is usually easily recognized, the patient often detecting it and calling attention to it. When, however, it is combined with one or more of the other varieties of aphasia, it will be more difficult of detection and may pass unnoticed. Verbal blindness may be cured, or at least very much relieved; the hemianopsia generally remains unchanged. Autopsies show the lesion to be in the posterior part of the inferior parietal lobule of the left hemisphere.

Verbal deafness is a sensorial aphasia characterized by the inability to understand the meaning of the word spoken; the patients can hear the words spoken, but have no idea of their significance. The patient can hear the sound of a watch, but he does not hear the word, and does not respond to questions asked him, although he replies promptly to the written questions. Words are to him only sounds which he cannot comprehend. There often exists strange symptoms; thus a patient who understood the German, French and Russian languages, had a relative verbal deafness only for German, and could answer when addressed in the other two. Musical deafness may co-exist with verbal deafness, and may remain after the latter has disappeared. Patients, not suffering with motor aphasia, will reply to written questions, or speak spontaneously; but they are not able to control their words, and oftentimes employ one word for another. Verbal deafness is the most easily cured form of aphasia. It was for a long time confounded with deafness, but it can be distinguished by the fact that all sounds are heard well, even the words being heard, but they are not comprehended. There are troubles of speech due to the inability of the patient to understand himself, which may simulate motor aphasia, but which is only the consequence of verbal deafness. It may be difficult to determine whether we have only verbal deafness, or whether verbal deafness and motor aphasia co-exist. The defective language and the torpor of the patient may sometimes present an appearance of aphasia; finally, verbal deafness existing in diffuse meningo-encephalitis, the other symptoms of general paralysis will still be a cause of uncertainty. Autopsies show the lesion causing verbal deafness to be located in the posterior portion of the first left temporo-sphenoidal convolution. The same point on the right side has been affected without causing verbal deafness: again, in an autopsy by Westphall, in a left-handed person, lesion of the left side did not produce the deafness.

Motor aphasia is the common form; the most noticeable symptom being the loss of memory of the co-ordinate movements necessary for speech, and the inability to speak, when the organs of phonation are in a state of integrity. When the aphasia is complete, the patient may neither utter a word, nor even a cry. In other cases the patients possess the ability to utter a few sounds or syllables, which they use all the time. Sometimes, also, the patient may be able from time to time to utter an oath. At times, they may be able to say their names, or a few words, which they pronounce in a more or less correct manner. A patient may be able to say a number of words, but not be able to make use of any substantive, as "give me my...., that which is put upon the....," or as another patient, who for scissors, said, "that which you cut with," and for "window," "that which you look out of." Many strange symptoms exist in this condition; thus, one patient could not call by name an object which he knew, but could repeat the name when spoken by another. He may repeat what is said near him or read on a high key, but not be able to speak off-hand. An officer who could only say "pardi," and who could not pronounce separately the words "enfant," and "patrie," sang the words and music of the first couplet of the Marseillaise. If the aphasic knows how to write, he will reply easily in writing to what you ask him. Some recover their speech suddenly and completely, others slowly and with difficulty; others never recover it. The diagnosis is usually easy, paralysis of the tongue producing difficulties of speech entirely different. Nevertheless, aphasics have been committed to insane asylums. The simulation of hysterical patients must be guarded against. The lesion producing motor aphasia is seated at the end of the third left frontal convolution (Broca's). Cases have occurred, however, in which a central lesion upon the tract of the nerve-fibres emanating from this con-

volution have produced aphasia, the convolution itself being intact.

Agraphia is the loss, more or less complete, of the memory of the co-ordinating movements necessary for writing. Agraphy presents itself under the same conditions as motor aphasia; one cannot write, being able only to trace irregular characters; another can write one or more letters, a syllable, his name, the same word repeated many times; another, who cannot make the letters, will write figures, trace geometric figures, and write music. In some cases they were able to write from dictation, or copy, while they could not write spontaneously. There may be a certain degree of paralysis of the muscles of the arm co-existent with the agraphy, although not frequent; on the other hand, a patient with paralysis of the upper member may still be able to write with the right hand. A cure is possible, but as a rule is incomplete, and it is often incurable. The lesion is located in the posterior portion of the second frontal convolution (left).

As a rule, two or more of the conditions spoken of exist at the same time and we have complete aphasia.—[T. M. S.]

Rest after Delivery.—Dr. H. J. Carrigues has made an extended study of this disputed question, and reaches the following results: Anatomy and physiology teach us that the puerperal uterus is large, flabby, anteverted and anteflected; that all the surrounding parts destined to support it are distended, soft and yielding: that its interior presents large wounds, bathed in a fluid rich in disintegrated tissue elements; that the placental site is pervaded with large, venous sinuses filled with recently formed clots; that at least the vaginal orifice, and other parts of the obstetric canal, present open wounds; that the processes of regeneration, of transformation and absorption requires at least two months, and that retrogression is most active during the second week. His practical conclusion is "that the upright and sitting posture ought to be carefully avoided until involution has proceeded so far that the uterus has receded from the anterior wall of the abdomen and returned to the pelvic cavity. In order to ascertain this he daily examines the position of the fundus uteri as compared with the symphysis pubis. When he finds it has subsided behind the symphysis he thinks that it finds sufficient support in the true pelvis." This process in different women requires different periods. He has seen it occur in five days, but in most of his cases it took two weeks.

Artificial Respiration in Sunstroke.—A medical man writes to one of our English exchanges that he treated a case of sunstroke in the end of March by employing artificial respiration (Silvester's method) when, after the usual treatment was employed, he could not detect the least sign of breathing, though the heart was acting strong and well at first. The patient regained consciousness in about ten minutes and recovered.

The success of the mode of treatment employed in this case throws light on the pathology of the state of the lungs seen in some cases of death from sunstroke.

In a case of passive congestion of the lungs in enteric fever, he caused the patient to inspire deeply six or eight times every half hour for several days, and also attended to the posture of the patient. Result was recovery.

Milk as a Vehicle for Iodide of Potassium.—Dr. E. L. Keyes, in *The New York Medical Journal*, speaks highly of milk as a vehicle for the administration of Iodide of Potassium. He says that in cases where a large quantity of the drug has to be given, he has found that the stomach does not rebel when milk is used as the vehicle. Ten grains or more of the iodide in a gill of milk make a palatable drink, and impart only a mild metallic taste to the fluid, which most patients find not at all disagreeable.

MISCELLANY.

—Dr. Emory E. Nixon, late of Louisville, Ky., has removed to Fort Worth, Texas.

—Dr. Alfred H. Carroll has resigned as Secretary of the State Board of Health.

—Injection of oil of turpentine is gaining a great reputation in that most intractable class of cases, fistulæ.

—The number of deaths in the State in 1885 was about 88,000, of which 37.3 per cent. were under five years.

—Persistent vomiting in pregnancy is said to be relieved in a few days by dilating the os with the tip of the finger daily.

—Hypopion is said to be speedily dispersed by the instillation of cocaine, in some cases only two hours being required.

—Mrs. Allen's hair restorer contains two and a half per cent. of acetate of lead, and is an exceedingly dangerous mixture.

—The Homœopathic Medical Society of the State of Ohio will meet in Toledo, May 11 and 12, 1886, when a lively time is expected.

—For the poisoning of *Rhus* Dr. Tate recommends a wash composed of two drachms of sulphate of copper to half a pint of water.

—A bill has been introduced in the legislature in the interest of the quacks, enabling any one to practice medicine who pleases, regardless of diploma.

—The best man is he who most tries to perfect himself, and the happiest man is he who most feels that he is perfecting himself.—*Socrates.*

—Amputation of the thigh under Dr. Corning's method of anæsthesia with cocaine has been successfully accomplished. This opens a great field for the use of this agent.

—Borax in ten-grain doses three times a day, increasing to twenty grains, is said to cure epilepsy. The remedy should be continued regardless of the diarrhœa which it produces.

—Dr. Moeckel, of Nuremberg, reports a case in which the temperature rose to 104.5° F. every time quinine was administered. This shows that the drug should not be administered unless specifically indicated.

—It is said that adding half a teaspoonful of dilute muriatic acid to a pint of water, mixing this with a quart of milk, and then boiling, will produce fine curds as in woman's milk, and will be of pleasant taste.

—Urethan has been given in more than a hundred cases by Dr. Jaksch, of Vienna, with decided benefit in cases of insomnia. It does not seem to be a poison, and given in doses of from five to eight grains, produces a few hours of refreshing sleep.

—It is claimed upon good authority that when the pulse of the fœtus is under one hundred and thirty-five in the minute, in all probability it is of the male sex; while when between one hundred and thirty-five and one hundred and forty-five it is a female.

—The galvano-cauterization treatment of diphtheria bids fair to become a most important mode in the therapeutics of this dread affection. It is said to be painless, fever soon disappears, there are no secondary effects, and the operation is easily accomplished.

—Papayotin is said to be innocuous when taken internally, but dangerous subcutaneously. It is reliable in rectal alimentatation and dissolves the diphtheritic membrane in a few hours. The mixture contains one part of papayotin, four of water, and four of glycerine, hourly applications.

—It ought not to be so difficult a matter to banish hydrophobia, if the dog who slobbers, hangs his jaws, barks unnaturally, or becomes snappish, is so quarantined that he can do no injury. Cauterization is useless, because it is too late, but sucking the wound *immediately* and *thoroughly* is the best means to be employed.

—Dr. J. C. Burgher, General Secretary, announces the next meeting of the American Institute of Homœopathy to be held at Saratoga Springs, commencing June 29, 1886, and lasting four days. Full particulars may be obtained by addressing the Secretary at Pittsburgh, Pa.

—At a recent meeting of the Edinburgh Medico-Chirurgical Society, Dr. John Duncan read a paper on Transfusion of Blood in Primary Amputations. He has made it a practice in several operations of this sort to collect the blood from the portion of the limb removed by expression, and inject the blood so collected into the chief vein of the stump before closing the wound. In cases where there has been very severe bleeding before the patient could be attended to, and where, in consequence, there was danger of immediate death from syncope, this method has proved very beneficial. The blood is mixed with a 5 per cent. solution of phosphate of soda, which prevents its coagulation, and is kept at the temperature of the body until it can be injected. Dr. Duncan also gave interesting data in relation to a case of pernicious anæmia, in which he had performed the operation of transfusion repeatedly with very satisfactory results.

—Dr. T. M. Strong reports the following uses for parchment paper:

(1) To take the place of oil-silk—since it holds heat and moisture better than the silk, is much more agreeable to the patients, and is quite inexpensive.

(2) In place of oakum, etc., as a vehicle for applying poultices. The paper will stand washing, the same piece having been used as many as four times.

(3) As an impervious dressing or roller bandage, applying it wet, either in water, or in an antiseptic solution. It dries quickly, and in doing so adapts itself to all unevenness of surface.

(4) In place of rubber blankets. This is especially serviceable. It keeps freer from foul odors a longer time than the rubber, and can be freely washed. Those who have used the rubber blanket know, even with the best of care, how soon the rubber begins to peel off, thus leaving a spot difficult to keep clean, and soon the blanket is useless. The cost of the parchment blanket is only a few cents, and must be laid on a smooth surface.

—Dr. Ogle having expressed disappointment that the profession did not show complete immunity from fatal small-pox, the *Lancet* points out that the rate of thirteen deaths of medical men from small-pox per 1,000,000 living implies that during the ten years 1873-82 only two deaths from this cause, out of 3,865 deaths from all causes, occurred in the profession in England and Wales, numbering about 15,000. "There were in England and Wales during those ten years 19,377 deaths from small-pox, and it is fair to assume that one or more medical practitioners were brought into personal contact with each of these deceased persons. Bearing these facts in mind, the deaths of but two medical men from this disease during these ten years induces overpowering evidence both of the value of vaccination as a protection from small-pox, and of its general and effectual adoption by the profession."

—There were, according to Dr. Dujardin-Beaumetz, 19 deaths from hydrophobia in Paris last year—a number higher than in previous years; and yet the number of stray dogs destroyed was also higher, viz., 5,060. Of these 19 persons, 15 were males and 4 females. The youngest was a little girl 5½ years; the oldest, a man of 63. The time of incubation varied from 19 months (in the case of a young man of 26) to 29 days (a child of 11). In only one case was the time of the bite unknown. Excluding that, and the exceptional case of 19 months, an average of about 2 months is arrived at for the time of incubation. As to duration of the disease, the extreme limits were 1 day and 8 days; average 3½ days. In no case were the lower limbs bitten. In 12 cases out of 18, the upper members were bitten, especially the hand (9 times out of 12), the wrist twice; in 6 other cases it was the face (5 times) and the skull (once) that were attacked. Lastly, in 17 cases of the 18, the bite was that of a dog; in the remaining case, it was that of a cat. It will be noted that these statistics relate only to deaths from hydrophobia.

—According to a writer in the British Chinese Consular reports, there is a form of hysterical disease or mania among adult males. The patient acquires the impression that his abdomen is inhabited by some animal, often a rat, whose excursions cause violent local pains. Unheard of efforts are made to expel the intruder, and often the savings of a whole family for a lifetime are wasted on bonzes, sorcerers, doctors, and other quacks in hope of obtaining relief for the sufferer. It is reported that in many cases death occurs from suffocation in the course of a violent convulsive paroxysm. The patient leads a double life, marked by the use of two voices of different timbres. As a rule his disposition alters in correspondence with the change of voice. Morally and mentally he is a different being in the two states. Whatever occurs during the period betokened by the unnatural voice is totally forgotten during the normal period.

—Foot-and-mouth disease has recently formed the subject of some important investigations by Dr. Nosatti, the well-known Italian scientist and veterinarian. His researches have led him to the following conclusions: (1) That epizootic aphtha is not a disease susceptible of developing itself spontaneously. (2) It is not an indigenous, but an exotic disease. (3) Its nature is eminently contagious. (4) Its virulent element is represented by microbes, discovered first by Rivolta. (5) The virus can be cultivated when placed in appropriate media, and by reducing its virulency by successive cultures it may become a safe and proper agent of inoculation.